| 1   |                       |  |
|---|-----------------------|--|
| Poge 4  |                       | PLACE OF DEA                                     |
| death.  | i                     | RURAL and  |
| 2 should  | -                     | OR INSTITU                                       |
| 24 nour   | 3. [                  | NAME OF<br>DECEASED<br>(Type or print)           |
| ithin 2<br>ly fille<br>Pages<br>death   | 5. 5                  | EX   |
| TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the deoth certificate be executed within 24 mours after death. Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove faithed appears. Pages 1 and 2 should be filled with the State Board at Health prior to burial, cremation, ar removal, and in any event within 72 hours after death. | 100                   | during most o                                    |
| The and   | 13.                   | FATHER'S NA                                      |
| de pie p  |                       |  |
| ig physic<br>remove   | 15.<br>(Yan           | WAS DECEAS<br>, no, or unknown)                  |
| endin<br>ease<br>any e  |                       | 18. CAUSE C                                      |
| he de   |                       | PART   |
| The The   |                       | 42   |
| es the  |                       | Conditions<br>gave rise                          |
| rem rem   |                       | couse (a), si<br>lying couse                     |
| ician<br>gen gen<br>ansil   | z                     | PART   |
| shysins be so be shown internal   | ATIC                  | no   |
| D HOSPITAL OR ATTENDING PHYSICIAN; The law rec<br>may be retained by the hospital or attending physician.  FUNERAL DIRECTOR: After this certificate has been si<br>page 3 should be detached far use as the burial-iransit<br>the State Board af Health prior to burial, cremation, ar a  | MEDICAL CERTIFICATION | 20a. ACCIDE<br>OR CONTRIB<br>(IF EITHER, N       |
| PHYSIC<br>all or aff<br>his certi<br>use as<br>to burid   | MEDICAL               | 20c. TIME OF<br>Hour                             |
| Spite<br>frer fi<br>d far<br>prior  |                       | 21. I certif                                     |
| Sche hoche  |                       | saw the d  |
| ATT<br>CTO #<br>Get<br>det  |                       | 22a. SIGNAT                                      |
| D HOSFITAL OR ATTEND may be retained by the fu D FUNERAL DIRECTOR: A page 3 should be detache the State Board of Health   |                       | 22c. PHYSICI.<br>NAME (1                         |
| S she is  | -                     |  |
| may by FUNI   | 230                   | BURIAL, CRE<br>REMOVAL (S<br>BUTT<br>FUNERAL DIR |
| 5 5 0 1   | 24.                   | FUNERAL DIR                                      |

VR A15 (4) 15M 9/59

| 1 < (*() () | CERTIFICATE OF DEATH       |
|-------------|----------------------------|
|             |                            |
| E DEATH     | 2 MOLIAL BECIDENCE BULL d. |

|          | o. COUNTY   |  |             |                           | ARYLAND    | 2. USUAL RI       | ESIDENÇE (W    | here deceased   | b. COUNTY                       |             | ice befor       | re admissi | ion)     |
|----------|---|--|-------------|---------------------------|------------|-------------------|----------------|-----------------|---------------------------------|-------------|-----------------|------------|----------|
|          |   | LLEGANY                                    |             |                           |            |                   |                | VIRGIN          |                                 |             | FRAL            |            |          |
|          | RURAL and give ne   | outside corporate limi<br>arest town)      | TS, WEITO   | c. LENGTH OF S            | TAY IN Ib  | C. CHY C          | IR TOWN (IF    | outside corpor  | rate limits, write R            | URAL and    | give nec        | Irest town | 1)       |
|          |   | CUMBERT AND                                |             | 21,                       |            |                   | KEYSE          | R               |                                 | 801         | -               | 3          |          |
|          | OR INSTITUTION  | AL (If not in hospital, g                  | live street | address)                  |            | d, STREE          | ADDRESS        |                 |                                 |             |                 | e. IS RESI | FARM?    |
|          |   | SACRED HEA                                 | RT          |                           |            | <u> </u>          | 35 0           | RCHARD          | STREET                          |             |                 | YES        | ио 🔽     |
| 3.       | NAME OF<br>DECEASED   | Fir  | at          | Mi                        | iddte      |                   | Last           | 4. DATE<br>OF   | Mar                             | ith         | Da              | у          | Year     |
|          | (Type or print)   | HERBER                                     | T           | F                         | •          | AMBROS            | E              | DEATH           | 11                              |             | 1               | 1          | 1960     |
| 5.       | SEX   | 6. COLOR OR RACE                           | 7. MAR      | RIED NEVER M              | ARRIED     | B. DATE OF BI     | RTH            |                 | 9. AGE (In years last birthday) |             |                 | -          |          |
|          | MALE  | WHITE                                      | WIDOW       | ED DIVO                   | ORCED      | 12-9-             | 94             |                 | 65 yrs.                         | Months      | Days            | Hours      | Min.     |
| 100      | . USUAL OCCUPATIO   | N (Give kind of work                       | done 10b    | KIND OF BUSINE            | SS OR INDU | STRY 11. BIRTI    | IPLACE (Stote  | e or foreign co | ountry)                         | 12.CIT      | IZEN OF         | WHATC      | OUNTRY?  |
|          | Carman  | ing life, even if retired                  | 1           | B. and                    | O. R.F     | 2.                |                | Virgin          | áa                              |             | USA             |            |          |
| 13.      | FATHER'S NAME   |  |             |                           |            | 7                 | R'S MAIDEN     |                 |                                 |             | U estat.        |            |          |
|          | TO  | HN WESLEY                                  | AMPD        | (D)                       |            | MT                | MNITE T        | EE AMB          | POSE                            |             |                 |            |          |
| 15.      | WAS DECEASED EVER   | R IN U. S. ARMED FOR                       | CE57 16     |                           | NO. 17. II | FORMANT           | AND SECTION    | HILL PALLS.     | Add                             | ress        |                 |            | -        |
| [Yi      | n, no, or unknown)  | If yes, give wer or dates of s             | ervice)     |                           |            | TO LC             | CULTATOR       |                 |                                 |             |                 |            |          |
| =        | Tio cause of pea  | we fe                                      |             |                           | 123.1      | FILD              | CHART          |                 |                                 |             | LIKITI          | CDV/A1 DC  | TIAVEENI |
|          |   | TH [Enter only one co<br>TH WAS CAUSED BY: |             |                           |            | . 0               | 7 .0           |                 |                                 |             | ONSET AND DEATH |            |          |
|          | 10011.000   | IMMEDIATE CAUSE (a                         | -           | uttion                    | -          |                   |                |                 |                                 |             | - 4             | en         | 1-       |
|          | 420   | DUE TO                                     |             | 0                         | . ,        | p                 |                |                 |                                 |             |                 | 1          |          |
|          | Conditions, if ar   |  | 1 5         | generalized outeroslusion |            |                   |                |                 |                                 |             |                 |            | de       |
|          | gave rise to immediate couse (a), stating the under-  |  |             |                           |            |                   |                |                 |                                 |             |                 |            |          |
|          | lying cause last. (c)   |  |             |                           |            |                   |                |                 |                                 |             |                 |            |          |
| FICATION | PANT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? |  |             |                           |            |                   |                |                 |                                 |             |                 |            |          |
| CAT      | after amountation of saxt tee (mid thigh a account of gargiene YES NO 1   |  |             |                           |            |                   |                |                 |                                 |             |                 |            |          |
| TIFE     | 200. ACCIDENT WA  | S UNDERLYING                               | 20b. DÉ     | SCRIBE HOW INTO           | RY OCCURRE | D. (Enter natur   | e of injury in | Part I or Part  | t II of item 18.)               |             |                 |            |          |
| CERTI    | OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)   |  |             |                           |            |                   |                |                 |                                 |             |                 |            |          |
| MEDICAL  |   | Y Manth, Day, Ye                           | or 20d.     | INJURY OCCURRED           |            |                   |                |                 | or town)                        | - (         | County)         |            | (Stole)  |
| AED      | Hour a.m.   | 19   | While of wo |                           | 7          | ctory, street, of | rice blag., el | IC.)            |                                 |             |                 |            |          |
| -        |   | can add to be a lead                       | D = 11 ===  | 1.1.4                     | -16        | 3 -               | 2- 11          | 000             | 11-1                            | 20/         |                 | -4 /11 /   |          |
|          | 26 Certify tha  | t (I) (this haspita                        | i) arren    | ded the deced             | sea tram   |                   | 100            |                 |                                 |             |                 |            |          |
|          | 22a. SIGNATURE  | ed alive an]                               | 4-4         | 19_00                     | and that a | leath occur       | red at         | M, fram         | the causes ar                   | nd an the   | e date          |            | b. DATE  |
|          | // -  |  |             |                           |            | M.D. PHYS.        | ING A          | MED.            | STAFF                           |             |                 | 241        | SIGNED   |
|          | 22c. PHYSICIAN'S  | a Paring N                                 |             |                           |            |                   | DRESS          | DIRECTOR L      | PHYS.                           | -           |                 |            |          |
|          | NAME (Type)   |  |             |                           |            |                   |                | en t            |                                 |             | 7               |            |          |
| _        |   | L. BRINGS                                  |             |                           |            |                   |                | -               | eet, Cum                        |             | nd,             | MG.        |          |
| 230      | REMOVAL (Specify)   |  | )F          | 23c. NAME OF              | CEMETERY C | R CREMATOR        |                | 23d. LOCAT      | TION (City, town,               |             |                 | (State     | e)       |
|          | Burial  | 4 Nov 15                                   | 060         | -                         | Poin       | t                 |                | _               | yser,                           |             | W.              |            |          |
| 24,      | FUNERAL DIRECTOR  | 1.3.1                                      |             | ADDRESS.                  | 14-        |                   | 250 REC        | C'D BY REGIST   |                                 | ISTRAR'S SI | GNATU           | RE         |          |
| 6        | eller M.  | Kotweek                                    | Kej         | yser, W.                  | va.        |                   | DATE           | NOV 7           | '60                             | arthur,     | 8. K            | aug        |          |

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Teyson, W. Ya.

. Yourself.

TO DEPUTY MIDICAL EXAMINER: This certificate stauld be executed within 24 haurs ofter death. If any deltanged incessary, please execute the certificate, writing the ward "pending" in pendil in them 18. Give Pages 1, 2, and 3 to the funeral matter. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-permissional. File pages 1 and 2 with the registrar prior to burial, cremation, ar removal.

VS. A15ME(5) 5M 9/55

necessary, please exe-

12061

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12037 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

| I. PLACE OF DEATH O. COUNTY ALLEGANY  |  | MARYLAND                                   | 2. USUAL RESIDENCE (Who                                  | re deceased lived. If Instituti<br>b. COUNTY | ion: Residence before admission) MINERAL               |
|---|--|--|--|--|--|
| b. CITY OR TOWN (If outside and give negret) town)  | corporate Rimity write RURAL                           | 2 HRS.40MON                                |  |  | RURAL and give nearest lown)                           |
| d. NAME OF BOTTAL SE  | WARWICK AVE  | ospital, give street address)              | d. STREET ADDRESS  Rura L                                | 8 9  | e. IS RESIDENCE<br>ON A FARM?<br>YES NO                |
| 3. NAME OF<br>DECEASED<br>(Type or print)   | First<br>EDGAR   | Middle<br>LEE                              | BERG 4.  | DATE Month NOVE                              | MBER 25 19 60  |
| MALE  | WHITE WIDOV  |  | SEPTEMBER 25,  | 1888 101 1 2 yrs.                            | IF UNDER 1YEAR IF UNDER 24 HRS. Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Gi<br>during most of working life,<br>Farmer                           | ve kind of work done 10b<br>even if retired)           | KIND OF BUSINESS OR INDUSTI                | MAYSVILLE  | fareign country)                             | 12. CITIZEN OF WHAT COUNTRY?                           |
| 13. FATHER'S NAME EDGAR   | L. BERG  |  | 14. MOTHER'S MAIDEN NAM                                  | ROTRUCK                                      |  |
| 15. WAS DECEASED EVER IN I<br>IYas, no, or unknown) (If yes,                                  | J. S. ARMED FORCES? 1<br>give wor or doles of service) |  | FORMANT<br>EMORIAL HOSPI                                 | TAL, CUMBERLAI                               | ND, MD.  |
| 18. CAUSE OF DEATH [Er  | S CAUSED BY: DIATE CAUSE (a)                           | o for (a), (b), and (c). OCCLU             | SION   |  | interval between onset and death 12 HRS.               |
| Conditions, if any, w<br>gove rise to immediate or<br>(a), stating the underly<br>cause last. | DUSO   | CORONARY SCL                               | EROSIS   |  | 900 Ato Ato Ato  |
| PART II, OTHER SIG  | NIFICANT CONDITIONS                                    | CONTRIBUTING TO DEATH BUT N                | OT RELATED TO THE TERMINA                                | L DISEASE CONDITION GIVE                     | N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO Y     |
|   | TING   20b. DESCR                                      | BE HOW INJURY OCCURRED. (Er                | nter nature of injury in Part I a                        | or Part II of item 18.)                      |  |
| 20c. TIME OF INJURY Hour a. m. p. m.  | Wh   |  | E OF INJURY (Home, form, ry, street, affice bldg., etc.) | 20f. (City or town)                          | (County) (State)                                       |
|   |  | remains described above.  Accident . Suice |  |  | Inquiry [X], and find that puse [].                    |
| ACTUAL SIGNATURE  | medict f   | kitorelia                                  | M.D. CHIEF MEDICAL EXAM                                  |  | DATE SIGNED  |
|   |  | ARELIC, M.D.                               | DEPUTY MEDICAL EXA                                       |  |  |
| REMOVAL (Specify)   | 7 Nov 1960   | 22c. NAME OF CEMETERY OR                   |  | d. LOCATION (City, town, or<br>Lahmansvill   |  |
| 23. FUNERAL DIRECTOR'S SIGN   | LATURE /   | ADDRESS 'ser, W. Va.                       | 24e. REC'D 81  | REGISTRAR 246. REGIST                        | RAR'S SIGNATURE  |

|       |                   | April 1  |         |         |          |
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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12()(; 2) MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12038

Rea, Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institutions Residence before admission) p. COUNTY O. STATE b. COUNTY Allegany MARYLAND Florida Hillsborough c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) b. CITY OR TOWN III outside corperate limits, write RURAL and give nearest town) Cumberland, St. Petersburg . IS RESIDENC d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? Memorial Hospital 4315 10th St.. North YES NO T NAME OF Middle DATE 19 60 BIERCE November CATHERINE NAOMI DEATH (Type or print) 9. AGE (In years IF UNDER TYPAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED PA NEVER MARRIED 1 8. DATE OF BIRTH Months Female White Mar. WIDOWED [ DIVORCED T 12. CITIZEN OF WHAT COUNTRY? 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired)
HOUSEWIIE U. S. A. Own home Cumberland. Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Nellie Holzhauer Oscar Strieby AddressSt. Petersburg. AS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT W. Bierce 4315 10th St., N. Mr. Miles No. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 7-10 days Hepatic failure IMMEDIATE CAUSE (o) DUF TO Portal cirrhosis Conditions, if any, which gove rise to immediate couse DUE TO (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 11:01 19. WAS AUTOPSY PERFORMED? YES 7 NOF 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) é. m. of work of work 21. I certify that I tack charge of the remains described above, held an Autopsy (X), Inspection (X), Inquiry (X), and find that death resulted fram: Natural causes A. Accident C. Suicide C. Homicide C. Undetermined cause C. DATE SIGNED CHIEF MEDICAL EXAMINER 11/15/60 ASSISTANT MEDICAL EXAMINER [7] Benedict Skitarelic M.D. DEPUTY MEDICAL EXAMINER TO NAME (Type) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL CREMATION. 22d. LOCATION (City, town, or county). 11/18/60 Cumberland. Maryland Sunset Memorial Park 23. FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE NOV 2 1 '60 arthur S. Frank Cumberland. Md. L. George

VS. A15ME(5) 5M 9/55

Different Property Street Street District Control of the same of the same of the The Figure 1. The State of the

| TO DEPLY: MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If ony delter, inecessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral char. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your first.  TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registror prior to burial, cremation, | (N)         |
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| ctar. Poge   | X           |
| If ony del<br>for your frie  | , ,         |
| fter death.<br>ond 3 to the<br>be retained<br>and 2 with the   |             |
| n 24 haurs of Pages 1, 2, Page 5 moy ile poges 1 c   | (1)         |
| ecuted within tem 18. Giv form PM3. sit permit. F  |             |
| should be ex<br>n pencil in 1<br>solong with<br>burial-tron  |             |
| certificate s<br>pending" ir<br>iner's Office<br>be used os  | 0           |
| MINER: This<br>g the ward<br>edical Exam<br>ige 3 should   |             |
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| orworded to  | or removal. |
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|  |  |                           |               |          | ATE DEPA            |                   |  |            |               | LTIMORE,<br>DEATH                   |            |          | 12                        | 039       |  |
|--|--|---------------------------|---------------|----------|---------------------|-------------------|--|------------|---------------|-------------------------------------|------------|----------|---------------------------|-----------|--|
| =  | PLACE OF DEATH                             |                           |               |          | ·                   |                   | II a sterna a  |            |               | 1.44 1.44 2.44                      | Reg. D     |          |                           |           |  |
| 1.   | a. COUNTY                                  |                           |               |          | ba.                 | A BUILD IN A SUB- | O. STATE   |            | _             | sed lived. If institu<br>b. COUNT   | Υ          |          |                           | uion)     |  |
| -  | b. CITY OR TOWN (If                        | egany                     | surity P119A1 |          | c. LENGTH OF ST     | ARYLAND           | Maryland Allega c. CITY OR TOWN (If outside corporate limits, write RURAL and give |            |               |                                     |            |          |                           |           |  |
|  | and give nearest town)                     |                           | THE NEAD      |          |                     |                   | -  |            |               | porore ilmin, write                 | KOKAL ONG  | Graff to | POT PET TO                | ,u)       |  |
|  | d. NAME OF HOSPITA                         | La Vale                   | N (If not i   | in hospi | 3 Yr                |                   | d STREE  | IA V       | ale           |                                     |            |          | a. 15 PI                  | SIDENCE   |  |
|  |  |                           |               |          | and give most du    | J. 630)           | 1  |            | Mill S        | treet                               |            |          | ON                        | NO D      |  |
| 3.   | NAME OF<br>DECEASED                        |                           | First         |          | Middle              |                   | l  | ost        | 4. DATE<br>OF | Monti                               | 1          | Day      | Y                         | ar        |  |
|  | (Type or print)                            | GEOR                      | GE            |          | NMI                 |                   | BING   | HAM        | DEATH         | November                            | r 27.      |          | 1                         | 60        |  |
| S.   | SEX  | 6. COLOR OR RA            | CE 7. M       | ARRIED   | MEVER MAR           | RIED 8            | DATE OF BIE  | TH         |               | 9. AGE (In years lost birthday)     | IFUNDER    | IYEAR    |                           | R 24 HRS. |  |
|  | Male                                       | White                     | WID           | OWED     | DIVORC              | ED 🔲              | March  | 24,        | 1869          | 91 yn.                              | Months     | Days     | Hours                     | Mîn.      |  |
|  | during most of working                     |                           | ork done 1    | Acres .  |                     | OR INDUST         |  |            | or foreign o  |                                     | 12, CITI   |          |                           | OUNTRY?   |  |
|  | tired Trai                                 | mem                       |               | B        | & O RR              |                   | 14. MOTHER   |            |               | sylvania                            |            | US       | <u> </u>                  |           |  |
| 1  |  | TD-2 1                    |               |          |                     |                   |  |            |               |                                     |            |          |                           |           |  |
| 15   | . WAS DECEASED EVE                         | Bingham                   | FORCES?       | 116 50   | OCIAL SECURITY N    | IO 17 II          | PORMANT  | san Mo     | wery          | Address                             |            |          |                           |           |  |
| [Ye  | u, no, or unknown)                         | III yes, give was or date |               | 1        |                     |                   |  | 70.1       |               |                                     | nt f ==    |          |                           |           |  |
| =  | IB. CAUSE OF DEAT                          | H [Ester selvens          |               | tion for | None                |                   | ldie B.  | Bing       | ham 5         | 28 Mill 8                           | it.        |          |                           |           |  |
|  |  | WAS CAUSED BY             |               | TINE TO  |                     | •                 | MODDITA  | הזה        |               |                                     |            | ONSE     | ONSET AND GEATH  1-2 Hrs. |           |  |
| ш  | pm 13.                                     | MMEDIATE CAUSE            | (0)           |          | GASTRI              | G HE              | MORRHA   | ili.       |               |                                     |            | 1 1-     | Z HI                      | 5.        |  |
|  | 270  | DUE                       | ТО            |          | -                   |                   |  |            |               |                                     |            |          | M M W                     |           |  |
|  | Conditions, if on                          | ate couse                 | (p)           |          | Pe                  | ptic              | Ulcer  |            |               |                                     |            | -        | ***                       |           |  |
|  | (o), stoting the vi                        |                           |               |          |                     |                   |  |            |               |                                     |            |          |                           |           |  |
| -  | cause last.                                | )                         | (c)           | 15 6001  | TOURIST TO BO       | A TA A BARTON     |  |            |               |                                     |            |          |                           |           |  |
| CATIO  | PARI II, OINE                              | K SIGNIFICANT C           | UNUITION      | NS CON   | II KIBU II NG TO DE | AIH BUI N         | OI RELATED   | O THE TERM | MALDISEAS     | E CONDITION GIV                     | EN IN PART |          | PERFO                     |           |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19.  YE  20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CONTRIBUTING CAUSE OF DEATH. |  |                           |               |          |                     |                   |  |            |               |                                     |            |          |                           |           |  |
| MEDICAL  | 20c. TIME OF INJURY<br>Hour e. m.<br>p. m. | •                         |               | While    | Not while of work   | facto             | E OF INJURY<br>ory, street, offi   |            |               | or town)                            | (Cou       | nty)     |                           | (State)   |  |
|  | 21. I certify the death resulted           |                           | _             |          |                     |                   |  |            |               | nspectian <b>]</b><br>ndetermined c |            |          | and f                     | ind that  |  |

Benedict Skitanlic

ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type)

Benedict Skitarelic M.D. November 28, 1960 DEPUTY MEDICAL EXAMINER 22c. NAME OF CEMETERY OR CREMATORY

220. BURIAL, CREMATION, 226. DATE THEREOF 11/30/60 Hillcrest Burila Park Cumberland, Maryland ADDRESS 240. REC'A BY REGISTRATO 246. REGISTRAT'S SIGNATURE

23. FUNERAL DIRECTOR'S SIGNATURE

Burial

Cumberland, Maryland John J. Hafer

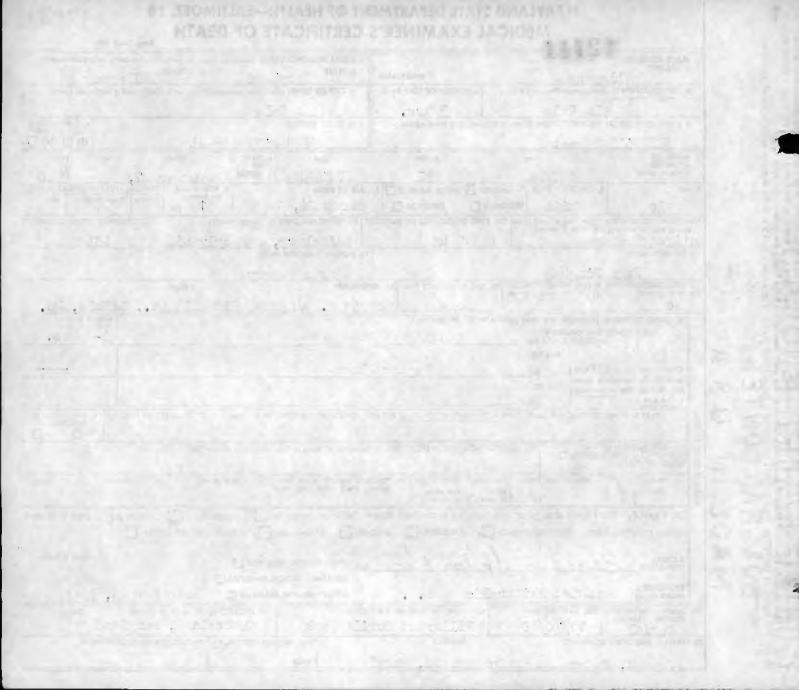
DATE DEC S

22d. LOCATION (City, town, or county)

DATE SIGNED

(State)

SM 9/SS



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND

CERTIFICATE OF DEATH

|   | 12                                      |
|---|---|
|   | 1. PLACE OF DEATH a. COUNTY             |
|   | b. CITY OR TOWN (I<br>RURAL and give no |
| 1 | d. NAME OF HOSPIT<br>OR INSTITUTION     |
|   |   |

0632. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY PENNSYLVANIA BEDFORD MARYLAND THEGANY f outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) rarest town) RURAT, NEAR BEDFORD days CUMBERLAND At (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? RT . 3 YES NOT SACRED HEART 3. NAME OF First Middle Last 4. DATE Month Year Day DECEASED 60 11 26 BOOR (Type or print) OTIS W. DEATH S. SEX 6. COLOR OR RACE 7. MARRIED TNEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days WIDOWED | DIVORCED T White Male 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Bodsond Vally & Gardner Odd Jobs BedfordPENNA. Laborer USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CLARA SIMMONS BOOR WILLIAM BOOR IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 72-26-7893 PT'S CHART CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which **(b)** gave rise to immediate **DUE TO** cause (a), stating the underlying cause last CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NOT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Doy, 20d. INJURY OCCURRED 20f. (City or lown) (County) (Stote) foctory, street, office bldg., etc.) While o. m. Not while of work at work p. m. 21. I certify that (I) (this haspital) attended the deceased from SCC 12. 12 to 12 to 19 to Chat (I) (we) last 19 9 and that death occurred at 520p from the causes and on the date stated obave. saw the deceased alive an Mar 22o. SIGNATURE SIGNED ATTENDING STAFF PHYS. PHYS. M.D. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) LEO H. LEY. M.D. 156 N. CENTER ST BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) REMOVAL (Specify) Fellowship Centervill Rurial 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR

Cumberland, Md.

arthur S. Kraus

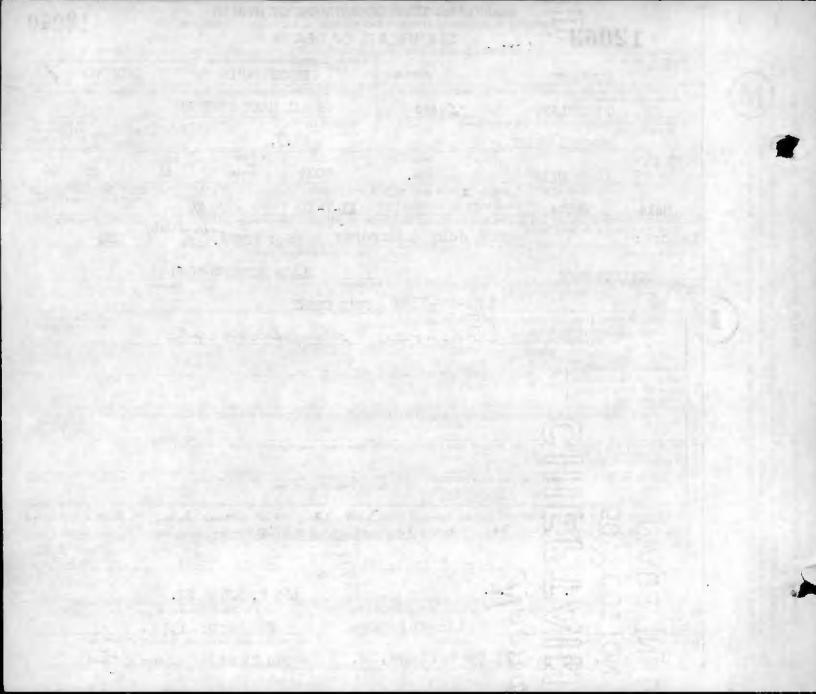
DATE NOV 2 9 '60

22 pub filled ages death ofter papers. pup pgu 72 physician 500 гетауе affending please any Then ond the á remayal. permit. ficate has been signed the burial-transit permi ar attending physician. b VAL OR ATTENDING PHYSICIAN: The law retained by the hospital or attending physici crematian, certificate SO nse detached far Affer FUNERAL DIRECTOR: Pe 3 shauld page 3 sh the State | 0

the death

VR A15 (4) 15M 9/59

James F. Scarpelli



12041

|  |                          |                                |   |  | - (7 ML   |
|--|--------------------------|--------------------------------|---|--|---|
| 1. PLACE OF DEATH a. COUNTY ALLEGAN  | Y                        | MARYLAND                       | 2 USUAL RESIDENCE (WHO O. STATE MARYL                             |  | an: Residence befare admission) ALLEGANY                |
| b CITY OR TOWN (If autside corporate and pive repress town) CUMBER LAND                                    | orate limits, write      | 2 DAYS                         | c. CITY OR TOWN (IF a   | outside corporate limits, write R<br>RLAND | URAL and give nearest town)                             |
| d. NAME OF HOSPITAL (If not in h<br>OR INSTITUTION MEMOR)  | aspitat, give street ad  |                                | d. STREET ADDRESS   | ELDER STREET                               | e is residence<br>on a farm?<br>Yes \( \) NO \( \)      |
| 3 NAME OF<br>DECEASED<br>(Type or print)   | First<br>MART I N        | Joseph B                       | RE I GHNER  | 4. DATE Mon OF DEATH NOV                   | th Day Year<br>EMBER 23 1960                            |
| 5. SEX 6. COLOR C  | _                        | DIVORCED                       | SEPT. 17,187  | 9 AGE (In years land) withday) yrs.        | FUNDER 1 YEAR IF UNDER 24 HRS<br>Months Days Haues Min. |
| 10a. USUAL OCCUPATION (G ve kind during most of working life, even RET IRED Mach                           | if_retired)              | ND OF BUSINESS OR INC          | · ·   |  | 12. CITIZEN OF WHAT COUNTRY                             |
| 13. FATHER'S NAME  JOSEPH M. BREI  | GHNER                    |                                | 14. MOTHER'S MAIDEN Philome                                       | MA SPAULDING                               |   |
| 15 WAS DECEASED EVER IN U. S. ARI [Yes, no. or unknown] [If yes, give wore NO.                             |                          | OCIAL SECURITY NO. 17          | MEMORIAL HOS  | PITAL - CUMBER                             | LAND, MARYLAND  |
| Canditians, if any, which gave rise to immediate (cause (a), stating the <u>under-</u> ) lying couse last. | DUE TO  (b)  DUE TO  (c) | Un few Ser                     | as Courte   | Desule Sere                                | 15 pllm   |
| CATIC  | ANT CONDITIONS CO        |                                |   |  | VEN IN PART 1(0) 19 WAS ALTOPSY<br>PERFORMED?<br>YES NO |
| 200 ACCIDENT WAS UNDERLYIN OR CONTRIBUTING I CAUSE OF CHIEFER, NOTIFY MEDICAL EXA                          | F DEATH<br>(MINER)       | IBE HOW INJURY OCCUR           | RED (Enter nature of injury in                                    | Part I or Port II of item 18 )             |   |
| S 20c. TIME OF INJURY Manth, I Haur a.m.   | While                    |                                | PLACE OF INJURY (Hame, farm<br>factory, street, affice bldg., etc |  | (County) (State   |
| 21 I certify that (I) (this has a the deceased alive of 220. SIGNATURE.                                    |                          | d the deceased from            | death accurred of 30  | My, fram the causes on                     | that (I) (we) last dan the date stated above            |
| 22 PHYSIGIAN'S NAME (Type) DR. O.  | LA HIMMELWA              | RIGHT                          | M D PHYS DI   | PECTOR   STAFF   PHYS                      | 11/24/100   |
| 230 BUR AL, CREMATION, 23b. DAT BEACYA (Specify) 11/   | E THEREOF 25/60          | 23c NAME OF CEMETERY Greenmour |   | Cumberland                                 |   |
| 24. FUNERAL DIRECTOR'S SIGNATURE Charles L. Ge   |                          | amberland,                     | Md. 25g REC   |  | STRAR'S SIGNATURE                                       |

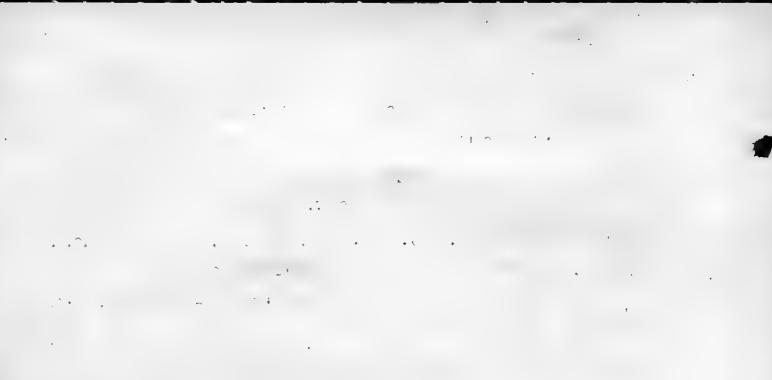
TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hromay be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the State Board of Health prior to burial, cremation, ar remayal, and in any eventualing 72 haurs after death. VR A15 (4) 15M 9/59

8

er death. Page 4

in by the funeral director, and 2 should be fited with



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7

John J. Hafer.

Cumberland, Maryland

VS. A15ME(5)

5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
1211 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
R
2. USUAL RESIDENCE (Where deceased lived. If Institution)

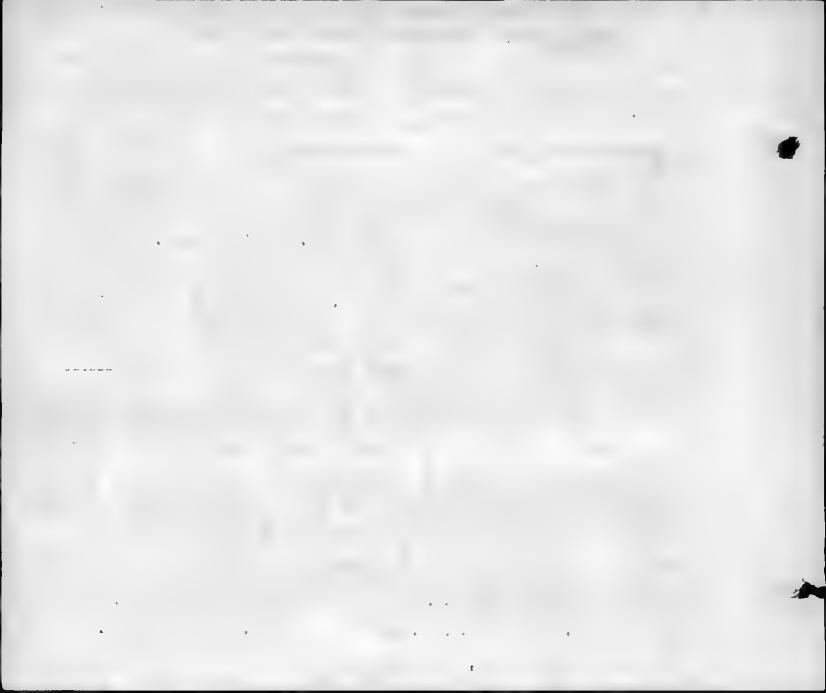
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|                                |   |                           |               |                               |                                 |  |               |  | 14.21 11.11    |                                       |           |  |
|--------------------------------|---|---------------------------|---------------|-------------------------------|---------------------------------|--|---------------|--|----------------|---------------------------------------|-----------|--|
| 1, إ                           | PLACE OF DEATH  |                           |               |                               | 11                              | IDENCE (W  | here deces    | ed lived. If Institut  |                |                                       | ission)   |  |
|                                | Al  | legany                    |               | MARYLAI                       | 4D 9. STATE                     | o. STATE Maryland b. COUNTY Allegany   |               |  |                |                                       |           |  |
| Ŀ                              | <ul> <li>CITY OR TOWN Jif<br/>and give negres! fewer</li> </ul> |                           | write RURAL   | c. LENGTH OF STAY IN          | b c. CITY OR                    | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) |               |  |                |                                       |           |  |
| Rı                             | iral nr. F  | lintstone                 |               | years                         | Rur                             | ral, n   | r, Fl         | intstone   |                |                                       |           |  |
| •                              | I. NAME OF HOSPITA  | AL OR INSTITUTION         | (If not in h  | ospital, give street address) | d. STREET                       | ADDRESS  |               |  |                |                                       | RESIDENCE |  |
|                                |   | Flintston                 | le            |                               | Rou                             | te 1,  | Flin          | tstone   |                |                                       | ON E      |  |
|                                | NAME OF<br>DECEASED   |                           | First         | Middle                        | Losi                            |  | 4. DATE<br>OF | Month  |                |                                       | Year      |  |
|                                | (Type or print)   | ALLEN                     |               | THURMAN                       | BROWNI                          | ING  | DEATH         | November   | 10,            |                                       | 1960      |  |
| 5. 5                           |   | 6. COLOR OR RAC           | CE 7. MAR     | RIED NEVER MARRIED            |                                 |  | ada           | 9. AGE (In years lost Institution)   |                | EAR IF UNI                            | -         |  |
|                                | Male  | White                     | WIDOW         | /ED 🚰 DIVORCED 🗌              | February                        | 10, 1  | 889           | yrı.   | Months De      | ys Hours                              | Min.      |  |
| 10a                            | . USUAL OCCUPATION working                                      | ON (Give kind of wo       | rk done 10b.  | . KIND OF BUSINESS OR IND     | USTRY 11. BIRTHPL               | ACE (Stote o   | or foreign c  | auntry)  | 12. CITIZE     | N OF WHAT                             | COUNTRY   |  |
|                                | etired Mac  |                           | Ce            | elanese Corpor                | ration R                        | ?t. 1,   | Flin          | tstone, Mo   | l. I           | JSA                                   |           |  |
| 13.                            | FATHER'S NAME   |                           |               |                               | 14. MOTHER'S                    | MAIDEN N   | AME           |  |                |                                       |           |  |
|                                | Mesha   | ch Brown                  | ing           |                               | Co                              | rneli  | a Wil         | son  |                |                                       |           |  |
|                                | WAS DECEASED EVI  | ER IN U. S. ARMED         |               |                               | 7. INFORMANT                    |  |               | Address  |                |                                       |           |  |
| 4,,00                          | No  | for last Bug and as goods | 0. 10.100     |                               | Julia W. E                      | Browni   | ng, I         | ndianapol  | is, Ir         | ndiana                                |           |  |
|                                | 18. CAUSE OF DEAT   | TH [Enter only one        | couse per lin | e for (o), (b), and (c).]     |                                 |  |               |  |                | INTERVAL BETWO                        | EEN .     |  |
|                                | PART I. DEAT  | H WAS CAUSED BY           |               | MAGERATION                    | OF BRAIN                        |  |               |  |                | SIDAE                                 |           |  |
|                                | E :   | J > DUE 1                 |               |                               |                                 |  | -             |  |                | 1.01.71.7.0                           | *         |  |
| Conditions, if only, which (b) |   |                           |               |                               |                                 |  |               |  |                |                                       | -         |  |
|                                | gove rise to immediate couse                                    |                           |               |                               |                                 |  |               |  |                | · · · · · · · · · · · · · · · · · · · |           |  |
|                                | (o), stoting the s  | underlying                | (c)           |                               |                                 |  |               |  |                |                                       |           |  |
| z                              | PART II. OTH  | IER SIGNIFICANT CO        |               | CONTRIBUTING TO DEATH 8       | JT NOT RELATED TO               | THE TERMIT   | NAL DISEAS    | E CONDITION GIVE   | EN IN PART 1   | Moli 19. WAS AUTOPSY                  |           |  |
| ATIC                           |   |                           | •             |                               |                                 |  |               |  |                | YES T                                 | ORMED?    |  |
| TFIC                           | 200. EXTERNAL CAL   | ISE WAS                   | 20b. DESCR    | IBE HOW INJURY OCCURRED       | Enter nature of in              | iury in Port   | I or Part II  | of Ilem 18.)   |                | 11 4                                  |           |  |
| CERTIFICATION                  | PRIMARY- or CON   | ATRIBUTING                |               | f inflicted gu                |                                 |  |               |  |                |                                       |           |  |
|                                | 20c. TIME QE INJUI  | Y Month, Day,             |               | INJURY OCCURRED   20e.        | PLACE OF INDURY (               | Home form  | 20f. (City    | or town)   | (Count         | wî.                                   | (Stole)   |  |
| WEDICAL                        |   | 37                        |               | work of work At               | foctory, street, office<br>home | bldg., etc.)   |               | 1, Flint   | ,              |                                       |           |  |
| Z                              | ,   |                           |               | remains described a           |                                 |  | 477           |  |                |                                       |           |  |
|                                |   |                           | _             |                               |                                 |  | Parties .     | rspection K.   |                | M, ona                                | find that |  |
|                                | death resulted  | rrom: Majuro              | , canses      | Accident,                     | Suicide [1], H                  | lomicide   | □, v          | ndetermined co   | ouse [_].      |                                       |           |  |
|                                | ACTUAL :-   |                           | ·.L           | 14- 1                         | /                               |  |               |  |                | DATE                                  | SIGNED    |  |
|                                | IIIIIIII URE  | uneal                     | CAX           | Kelakel                       | ZZM.O.                          | MEDICAL EX   | _             |  |                |                                       |           |  |
|                                | EXAMINER'S  |                           |               |                               |                                 | NT MEDICA  |               |  |                | - 1                                   |           |  |
|                                |   |                           | TTARE         |                               |                                 | MEDICAL E  |               | The state of the s | <u>per 10</u>  |                                       |           |  |
|                                | REMOVAL (Specify)   |                           |               | 22c. NAME OF CEMETERY         |                                 |  |               | TION: (City, town, o   |                | (Sto                                  | (0)       |  |
|                                | Burial  FUNERAL DIRECTOR  | NOA.                      | 3, 196        | O I.O.O.F. C                  |                                 | 04. 07.00  |               | Flintst  |                |                                       |           |  |
|                                |   | 2 2017 ALM WILLIAMS       |               | WRREG2                        |                                 | CAO KEC IN   | TZISTAN PR    | MAN I THE WELLS  | THE REST PORCH | ASTIVE.                               |           |  |

NOV 1 4'60

DATE

C Hay S. Kraus



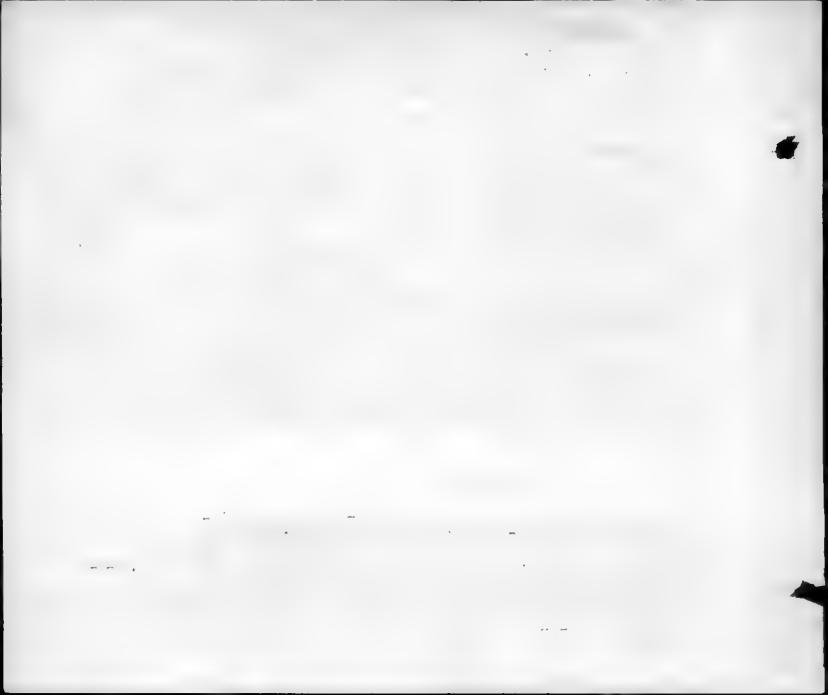
### MARYLAND STATE DEPARTMENT OF HEALTH -4 69 19 1° DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

|   | (444.9)   |                    | CERTI                             | FICATE                | OF DE                                | ATH                   |                        |  |              |          |            |               |
|---|---|--------------------|-----------------------------------|-----------------------|--------------------------------------|-----------------------|------------------------|--|--------------|----------|------------|---------------|
| PLACE OF DEATH  | EGANY   |                    | MAR                               | YLAND 2               | o. STATE                             | NCE (WH               |                        | d lived If institu<br>b. COUNT             | Υ            | nce befa |            | ron)          |
| b. CITY OR TOWN RURAL and give CUMBER                               |   | limits, write      | 2 LENGTH OF STAY                  |                       |                                      | WN (IF a              | iutside corpo          | rote limits, write                         | RURAL ond    | give nec | arest town | 1)            |
| OR INSTITUTIO   | SPITAL (If not in haspite) N D HEART HO                     |                    | address)                          |                       | d. STREET ADD                        |                       | EASANT                 | ST.  |              |          |            | FARM?         |
| 3 NAME OF<br>DECEASED<br>(Type or print)                            | HAROL   | First<br>D         | Middl                             |                       | Lost<br>RPĒNTĒR                      |                       | 4. DATE<br>OF<br>DEATH |  | inth         | Do       |            | Year<br>19 60 |
| S SEX   | 6 COLOR OR RA   | WIDOW              |                                   | ED 🗆                  |                                      | - 1                   | 914                    | 9. AGE (In year<br>lost birthday)<br>45 yn | Months       | Days     | Hours      | R 24 F 5      |
| OWNER-  | TION (Give kind of wirelying life, even if ret<br>-MGM      | ired)              | KIND OF BUSINESS                  | 7 besse               | 11. BIRTHPLAC                        | E (Stote              | or foreign c           | ountry)                                    | 12 CIT       |          | S.A        | OUNTRY        |
| 13. father's name<br>ARTHU  | IR CARPENTE   | R                  |                                   |                       | ROSE H                               |                       |                        |  |              |          |            |               |
| 15. WAS DECEASED (Yes no. or unknown)                               | (If yes, give war or date                                   |                    | SOCIAL SECURITY NO                | 0. 17. INFO<br>4443   | RMANT<br>PAT LENT:                   | S SH/                 | 4 (T                   | Ad   | dress        |          |            |               |
| Conditions, i<br>gave rise to<br>couse (a), stati<br>lying couse to | f ony, which ) immediate DUI                                | (b)<br>E TO<br>(c) |                                   |                       |                                      | HE TERMI              | NAL DISEAS             | E CONDITION G                              | IVEN IN PAI  | 3        | days:      | AUTOPSY       |
| U (IF EITHER, NOT   | WAS UNDERLYING ☐<br>NG ☐ CAUSE OF DEA<br>IFY MEDICAL EXAMIN | 206. DES           | CRIBE HOW INJURY                  | OCCURRED. (           | Enter nature of i                    | njury in I            | Part   or Par          | t II of item 1B)                           |              |          |            | RMED?         |
| ZOC TIME OF IN.   | m.  | While              | NJURY OCCURRED  Not while at work | 20e. PLACE<br>Foctor  | OF INJURY (Ho<br>y, street, office b | me, form<br>Idg., etc | 20f (Cit)              | y ar lawn)                                 |              | (Caunty) |            | (State        |
|   | that (1) (this hasp<br>eased alive an                       | 11 - 2             | 1 <u>60</u> , and                 | from 10<br>d that dea | ATTENDING                            | a4:3                  | 5M, fram               | STAFF                                      |              |          | stated     |               |
| 22c. PHYSICIAN<br>NAME (Type  | PH W. BALL  | IN, M.             | D.                                |                       | 22d. ADDRESS                         |                       | <b>2</b> G"            | 7. ST                                      | , 71 -3      | 11/      | Ľ,         | f<br>Z q      |
| BURIAL  | 11-5-   | 60                 |                                   |                       | AL PAR                               |                       | FR                     | TION (CITY, TOWN                           | . MD         |          | (Sto       | re)           |
| 24, FUNERAL DIRECT  | OR'S SIGNATURE  | A                  | FROSTBU                           | RG, M                 |                                      | SG. REC'              | D BY REGIST            |  | Distrar's Si |          |            |               |

offer death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this carrificate has been signed by the attending plysician and camplemy filled and y the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remays carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or remayal, and in any event within (2 haurs offer death. XL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOSPIT VR A15 (4) 1SM 9/59



(State)

### MARYLAND STATE DEPARTMENT OF HEALTH

| 2000 | DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND |
|------|--|
| 4mm  | CERTIFICATE OF DEATH   |

| ^  | CERTIFICATE OF DEATH   |
|--|--|
| director, filled with                    | 1. PLACE OF DEATH O. COUNTY ALLEGANY  2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) O. STATE MARYLAND ALLEGANY  |
| P S S S S S S S S S S S S S S S S S S S  | b. CITY OR TOWN (If outside carporate limits, write   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest lawn)   |
| f plu                                    | CUMBER LAND 7 HOURS OLD TOWN   |
| by the fund 2 should                     | d NAME OF HOSPITAL (If not in haspita, give street address)  MEMORIAL HOSPITAL, MEMORIAL AVENUE  d STREET ADDRESS  of STREET A  |
| l ond                                    | 3. NAME OF First Middle Last 4. DATE Month Day Year OF   |
| Pages<br>death                           | (Type or print) CHARLES Hanely CARTWRIGHT DEATH NOVEMBER 21, 19 60  S. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO B DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS  |
| letely<br>S. P.                          | MALE WHITE WIDOWED DIVORCED JULY 13, 1908 Jost birthday) Months Doys Hours Min   |
| ooper<br>nrs a                           | 10a USDA: OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or fareign country)  12 CITIZEN OF WHAT COUNTRY?   |
| and c                                    | Foreman Kopper Co. OLDTOWN, MARYLAND U.S.A.  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME   |
| E .E                                     | LEVI CARTWRIGHT LULA GROSS   |
| Physici<br>prove<br>int with             | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address  |
| e re                                     | No 232-10-5621 MEMORIAL HOSPITAL, CUMBERLAND, MARYLAND   |
| pleas<br>any                             | IB. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I, DEATH WAS CAUSED BY.  |
| hen hen najin                            | IMMEDIATE CAUSE (6)  |
| by #<br>nt. Ti                           | Conditions of any, which the arterior leave the leave  |
| gned<br>perm<br>smov                     | gave rise to immediate couse (a) stating the under:  |
| noi.<br>nsit i                           | lying couse last. (c) Cordiac complexation   |
| physic<br>nas bee<br>rial-tra<br>natian, | PART IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN TAKE T(a) TO PERFORMED?  PERFORMED?  YES \( \subseteq \text{NO.} \( \text{NO.} \)  |
| ficate fricate the but                   | 206 ACCIDENT WAS UNDERLYING 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I at Part II af item 18.)  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  |
| is certi<br>use as<br>to burie           | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur a. m. While Not while of wark of wark of wark of wark 19 o |
| aspito<br>fier th<br>d for<br>priar (    | 21 1 certify that (I) (this haspital) attended the deceased fram   |
| r e e e                                  | saw the deceased alive an _// / 2 L 19 & Sand that death accurred a 3:35MAMom the causes and on the date stated above  |
| Heal Heal                                | 220 SIGNATURE 275 DATE SIGNED STAFF SIGNED   |
| S be d be                                | M.D PHYS DIRECTOR PHYS DIRECTO |
| ERAL DIR                                 | THAME (Type) DR. GEORGE M. SIMONS ALGONQUIN HOTEL, CUMBERLAND, MD.   |
| Z w S                                    | 23a BUR AL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)   |
| Page<br>The S                            | Burial Nov. 23, 1960 Davis Memorial Cemetery Cumberland, Md.   |
| A15 (4)                                  | 24 FUNERAL DIRECTOR'S SIGNATURE  Charles L. George, Cumberland, Md.  DATE  250 RECTORY REGISTRAR 250, REGISTRAR'S SIGNATURE  Charles L. George, Cumberland, Md.  |
|  |  |

12044

VR A1S (4) 15M 9/59

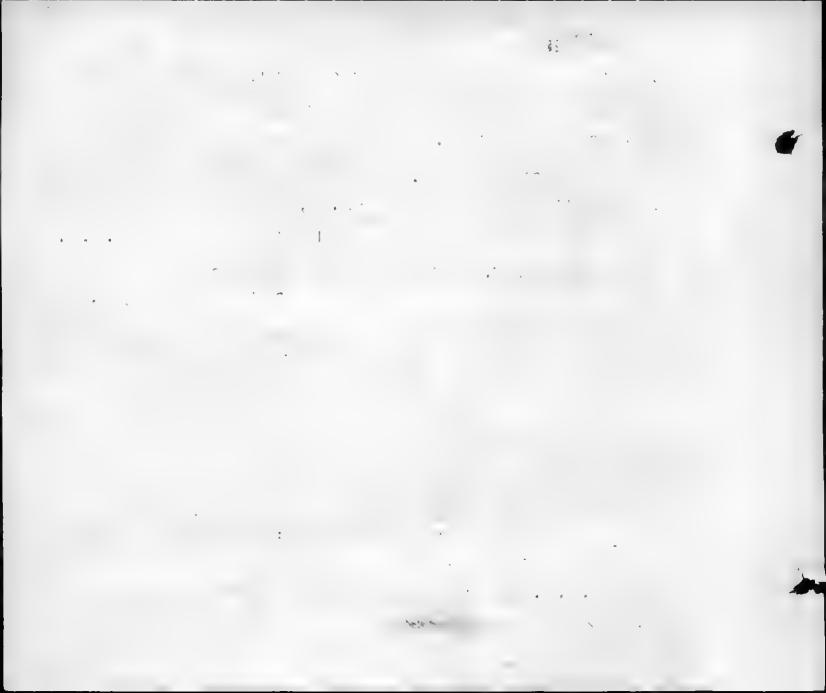
A OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ho, offer death Page 4



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

12045

| 4 7 4  |                 | -              |   |  |                    |                     |                                  |                   |                                    |                   |                               |
|--|-----------------|----------------|---|--|--------------------|---------------------|----------------------------------|-------------------|------------------------------------|-------------------|-------------------------------|
| Poge<br>director                               |                 | 1.             | PLACE OF DEATH  | NY   |                    | MARYLAND            | 2. USUAL RESIDENCE               | (Where deceases   | l lived. If institution b. COUNTY  | n: Residence befo |                               |
| death.   | "               |                | b. CITY OR TOWN<br>RURAL and give<br>CUMBERLAN          |  |                    | NGTH OF STAY IN 16  | GREAT CA                         |                   | rote limits, write RI              | JRAL and give ne  | arest town)                   |
| o di   |                 | $\vdash$       |   | TAL (If not in hospital, g                                 |                    | 1 - 1 1 0           | d. STREET ADDRESS                |                   |                                    |                   | e. IS RESIDENCE               |
| by the   | 4               |                | MEMORIAL  | HOSPITAL ME  |                    |                     | G. STREET ADDRESS                |                   | Ē                                  | X-S               | ON A FARM? YES NO             |
| i i  |                 | 3              | NAME OF<br>DECEASED                                     | Firs   | it                 | Middle              | Last                             | 4. DATE           | Mon                                | lh D              | ay Year                       |
| illection 124                                  | =               |                | (Type or print)   | 050  | AR                 | R.                  | CATLETT                          | OF<br>DEATH       | NOVE                               | MBER 8            | 1960                          |
| Pog  | 5               | S              | SEX   |  | 7 MARRIED          | NEVER MARRIED       | 8. DATE OF BIRTH                 |                   | 9. AGE (In years<br>last birthday) | 7                 | R IF UNDER 24 HRS             |
| d w  |                 |                | MALE  | WHITE  | WIDOWED [          | DIVORCED [          | FEB. 10, 1                       | වී9 <b>0</b>      | 70 yrs.                            | Months Doys       | Hours Min.                    |
| d comp   |                 | 10             | during most of wo                                       | ION (Give kind of work or<br>orking life, even if retired) | lone 10b. KIND (   | OF BUSINESS OR INDU | STRY 11 BIRTHPLACE (SI           |                   | ountry)                            | 1                 | S. A.                         |
| an an an                                       | . / /           | 13             | . FATHER'S NAME   |  | 1                  |                     | 14. MOTHER'S MAIDE               | N NAME            |                                    |                   |                               |
| cion<br>cion                                   | -               |                |   | BENJAM   | IN F. CA           | TLETT               | MARY J                           | ANE COR           | OSEN                               |                   |                               |
| iffica<br>hysi<br>nave                         | ,\ <u> </u>     | T <sub>S</sub> | . WAS DECEASED EN                                       | ER IN U. S. ARMED FOR                                      | CES? 16. SOCIA     |                     | NFORMANT                         |                   | Addr                               |                   |                               |
| cert<br>g p                                    |                 | 1"             | us, no, or unknown]                                     | (If yes, give war or dates of se                           | KA (B)             |                     | MEMORIAL HO                      | SPITAL            | CUMBERI                            | AND, MD           | •                             |
| ndir<br>ease                                   |                 | F              | 18. CAUSE OF D  | EATH [Enter only one co-                                   | use per live for ( | (a) (b) and (c).    | //                               |                   | /                                  | IN                | TERVAL BETWEEN                |
| offe de  | =               | П              | PART I DI   | EATH WAS CAUSED BY:  | 4/1                | 1111000             | and Em                           | bhus .            | ma-16                              | 20per             | ISET AND DEATH                |
| Ther   | 2               |                | LLD:  | DUE TO   | -                  |                     |                                  |                   | 1 ,                                |                   |                               |
| tho<br>ty                                      | ì               |                | Conditions, if  | 10   | Pun                | emen                | and of                           | 610               | 2-0                                |                   |                               |
| P. B.  |                 |                | gove rise to  | immediate (  | 169                | Pata                | al at                            | -elac             | tores                              | 70                |                               |
|  | <u> </u>        |                | lying cause lost  | ft use audies.   |                    | andria              | - waa                            | ene               | and al                             | Corn-             | - 7                           |
| w r<br>icio                                    | 5<br>-          | Z              | PART H. O   | THEP SIGNIFICANT CON                                       | DITIONS CONTR      | BUT NG TO DEATH BU  | NOT RELATED TO THE TE            | RMINAL DISEAS     | E COND TION GIV                    | EN IN PART 1(a)   | 19. WAS AUTOPSY               |
| e la<br>phys                                   |                 | ATA.           |   | Frank.   | NE                 | -2211               | 11-8-                            | -62-              |                                    |                   | PERFORMED?<br>YES NO P        |
| NN: The  |                 | CFRTIFICATION  | 20g. ACCIDENT V<br>OR CONTRIBUTION<br>(IF EITHER, NOTIF | VAS UNDERLYING   IG   CAUSE OF DEATH   Y MEDICAL EXAMINER  | 206. DESCRIBE I    | HOW INJUSY OCCURR   | D. (Enter nature of injury       | in Port I or Par  | H of item 1B)                      |                   |                               |
| Otter  | 3               |                |   |  | r 20d, INJURY      | OCCURRED 20e. PI    | ACE OF INJURY (Home, I           | form, 20f. (City  | or town)                           | (County           | ) (State)                     |
| ol or<br>this ce                               | 2               | MFDICAL        | Haur a. m   | 10   | While N            |                     | octory, street, office bldg.,    |                   |                                    | (000)             |                               |
| Spir<br>Fer<br>d fo                            | <u>.</u>        |                | 21 I certify th   | nat (I) ( <del>Ihis bospi</del> tal                        | attended th        | ne deceased from.   | 10.17                            | 19.60 ta          | 11-8-                              | 19.601            | hat (I) <del>(we)</del> -last |
| Ne ha  |                 |                | saw the dece  | ased alive an  | - 0-               | 19 60 and that      | death accurred at ${\mathcal I}$ | :DMPHam           | the causes an                      | d on the dat      | e stated abave                |
| det det  | 2               |                | 22a. SIGNATURE  | R. A   | int !              | 1                   | - ATTENDING                      | MED               | STAFF                              |                   | 22b DATE<br>SIGNED            |
| REG to   | 5               | ı              |   | 1111-0/-/  | Tilles             | 1                   | M.D PHYS                         | MED<br>DIRECTOR [ | STAFF PHYS                         |                   | 11.4.60                       |
| G ig a   | į į             |                | 22c PHYSICIAN'S<br>NAME (Type)                          |  | 111111111          |                     | 22d. ADDRESS                     | leo-              | -                                  | 111               | Q.                            |
| RAI<br>Sho                                     | <u>n</u><br>σ 1 | ' <u> </u> _   | <u></u>   | DR. W. F. 1  | WILLIAMS           |                     | Jan                              | en-               | - and                              | 1,000             |                               |
| MOSPITATION DE PERSONA SE FUNERAL POGE 3 short |                 | 23             | o. BURIAL, CREMAT<br>SURVAL (Specif                     |  | OO W               | ESLEY, CE           | OR CREMATORY                     | 67, C             | HON (City town, of                 |                   | W. Us.                        |
| VR A15 (4)                                     |                 | 24             | Tarks T   | MEN C  | Bei                | Reley Sp.           | 90, W. Ug 250 R                  | HOV 1 4           |                                    | STRAR'S SIGNATI   |                               |
| 15M 9/59                                       |                 | E              |   |  |                    | -111                | 1 27.10                          |                   |                                    |                   |                               |





CERTIFICATE OF DEATH

12047

TO HOSPIT IN THE ATTENDING PHYSICIAM: The law requires that the death mertificate be executed within 2 har after death. Page 4 may be retained by the hospital an attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the State 8 board of Health prior to burial, cremation, or remayel, and in any explaintin 72 hours after death.

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| moy be<br>moy be<br>O FUNE<br>page 3<br>the Stat | 1 | 230 BURIAL, CREMATION, | : |
|--|---|------------------------|---|
| VR A1S (4)<br>15M 9/59                           |   | Zario                  | 5 |

| 12069   | CERTIFICA  | TE OF DEATH  | MORE I, MARIEARD   | 12047  |
|---|--|--|--|--|
| 1. PLACE OF DEATH O. COUNTY A LLEGANY   | MARYLAND   | 2 USUAL RESIDENCE (WHO STATE WEST VIRGI                      | ere deceased lived. If institution: Residence b. COUNTY MINE |  |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  CUMBERLAND  |  | c. CITY OR TOWN (If o  | utside corporole limits, write RURAL and gi                  | ve nearest town)   |
| d. NAME OF HOSPITAL (IF not in hospitol, give street or INNEMORIAL HOSPITAL   | I DAY<br>et address)   | d. STREET ADDRESS  | XEX-3  | e. IS RESIDENCE<br>ON A FARM?<br>YES NO M                            |
| 3. NAME OF DECEASED (Type or print) FRAM  | Middle<br>IE M. CR   | tost<br>OSS  | 4. DATE Month OF DEATH NOVEMBER                              | Day Year<br>1 19 60  |
| LEEMALE LUBITE  | RRIED NEVER MARRIED DIVORCED DIVORCED                          | B. DATE OF BIRTH   | lost birthdoy) Months [                                      | YEAR IF UNDER 24 HRS.<br>Days Hours Min.                             |
| 100. USUAL OCCUPATION (Give kind of work done 10) during most of working life, even if retired) HOUSEWIFE  13. FATHER'S NAME  | b. KIND OF BUSINESS OR INDU                                    |  | ar foreign country) 12.CITIZ                                 | S.A.   |
| SAMUEL PRICE  |  | MAGGIE N   |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? [1] (Yes, ago, or unknown) (If yes, give wor or dates of service)  | 71 - 1   | MEMORIAL HOSPI   | TAL - CUMBERLAND, M  | IARYLAND   |
| G OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)   | S CONTRIBUTING TO DEATH BUT FEED OF ESCRIBE HOW INJURY OCCURRE | house . "in  | . 4 rhickiti   | 1(o) 19 WAS AUTOPSY PERFORMED? YES NO 1                              |
|   | e Not while fo   | ACE OF INJURY (Home, form, ctory, street, office bldg., etc. | )  | ounty) (Slote)   |
| 21 I certify that (I) (this haspital) after saw the deceased alive an 22d SIGNATURE  22d SIGNATURE  22c PHYSICIAN'S NAME (Type) DR. R.J. WILL.  23or BURIA. CREMATION. 23b DATE THEREOF | and that   | M.D. ATTENDING ME PHYS. DI                                   | M, from the causes and an the                                | _, that (I) (we) tast date stated abave.  22½ DATE SIGNED  ((Store)) |
| 24 FUNERAL DIRECTOR'S SIGNATURE   | - Cumb. M  | _  | D BY REGISTRAR 256 REGISTRAR'S SIGN                          |  |



VR A1S (4) 15M 9/59

12070

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

12048

|               | ACE OF DEATH<br>COUNTY               |   |              |                            |            | 2. USUAL RESIDENCE<br>o. STATE               | (Where deceas     |                         |               | before admi:     | ssion)            |  |  |  |  |
|---------------|--------------------------------------|---|--------------|----------------------------|------------|--|-------------------|-------------------------|---------------|------------------|-------------------|--|--|--|--|
| 0.            |                                      | agany   |              | MARYLA                     | ND         |  | rvl and           | b. COUNTY               | Alle          | (CONT)           |                   |  |  |  |  |
| b.            | CITY OR TOWN (IF                     | outside corporate lim   | its, write   | c. LENGTH OF STAY IN       | 1Ь         |  |                   | orote limits, write R   | URAL ond giv  | e neafest tow    | m)                |  |  |  |  |
|               | RURAL ond give no                    |   |              | 3 days                     |            | Chit   | mberlan           | 3                       |               |                  |                   |  |  |  |  |
| d.            | NAME OF HOSPITA                      | AL (If not in hospital, i   | give street  | 4                          |            | d. STREET ADDRES                             |                   | M1                      |               | e. IS RE         | SIDENCE           |  |  |  |  |
|               | or institution                       | Heart Hos   | nita'        | 1                          |            | 208  | 8 Tains           | Avenue                  |               |                  | A FARM?           |  |  |  |  |
| 3. N          | AME OF                               | Fi  | -            | Middle                     | 16         | Lost   | 4. DATE           | Mon                     | th            | Day              | Year              |  |  |  |  |
|               | PRESENT (PRINT)                      | Clifford  |              |                            |            | Dean   | OF<br>DEATI       |                         |               | 19               | 19 60             |  |  |  |  |
| 5. SE         | X                                    | 6. COLOR OR RACE  | 7. MARR      | RIED NEVER MARRIED         | <b>E</b> B | DATE OF BIRTH                                |                   | 9. AGE (in years        |               | YEAR IF LNE      | ER 24 HRS         |  |  |  |  |
|               | Male                                 | White   | WIDOWI       | ED DIVORCED [              |            | 2-19-1836                                    |                   | lost birthdoy) 7 1 yrs. | Months D      | oys Hours        | Min.              |  |  |  |  |
| 10a.          | USUAL OCCUPATIO                      | N (Give kind of work  | done 10b.    | KIND OF BUSINESS OR        | INDUST     | RY 11. BIRTHPLACE (S                         | itate or foreign  | country)                | 12. CITIZE    | N OF WHAT        | COUNTRY?          |  |  |  |  |
|               | etired Car                           |   | "   В        | . & O Railro               | oad        | Murlev'                                      | s Branc           | h, Maryla               | ind U         | SA               |                   |  |  |  |  |
|               | ATHER'S NAME                         | 2100274   |              |                            |            | 14. MOTHER'S MAID                            |                   |                         |               |                  |                   |  |  |  |  |
|               | George 1                             | W. Boooks   | Dann         | (Deceased                  | }          | Sarah Sw                                     | rigert.           | (Decease                | (59           |                  |                   |  |  |  |  |
|               | VAS DECEASED EVER                    |   |              |                            | 17, INF    | DRMANT                                       | TP OT A           | Add                     |               |                  |                   |  |  |  |  |
|               |                                      | If yes, give wor or dates of  |              | 05-09-57                   | 11         | 23 4 3                                       | 1. 1. (2)         |                         |               |                  |                   |  |  |  |  |
| n             |                                      | 914 Fr  |              |                            | 76         | Patie  | ent's C           | nart                    |               | INTERVAL B       | ETWEER            |  |  |  |  |
|               |                                      |   | •            | ne for (o), (b), and (c).] | A -        | andent                                       |                   |                         |               | ONSET AND        | D DEATH           |  |  |  |  |
|               | 1                                    | IMMEDIATE CAUSE (   | Core         | oral Vascula               | T. W       | GTGGHG                                       |                   |                         |               | 2 da;            | y ac              |  |  |  |  |
|               | 1 12                                 | ions, if ony, which) harteriosclerotic cardio vascular diasease 5 years |              |                            |            |  |                   |                         |               |                  |                   |  |  |  |  |
|               | Conditions, if or                    |   | <u>Arter</u> | riosclerotic               | cai        | dio vascul                                   | Lar dia:          | sease                   |               | ) ye             | ars               |  |  |  |  |
| 11            | gove rise to in couse (o), stoling t |   | )            |                            |            |  |                   |                         |               |                  |                   |  |  |  |  |
|               | lying couse lost.                    |   | =)           |                            |            |  |                   |                         |               |                  |                   |  |  |  |  |
| CERTIFICATION | PAIT II. OTH                         | ER SIGNIFICANT CON  | IDITIONS (   | CONTRIBUTING TO DEAT       | H BUT N    | OT RELATED TO THE T                          | ERMINAL DISEA     | SE CONDITION GIV        | VEN IN PART 1 | (o) 19, WAS      | AUTOPSY<br>ORMED? |  |  |  |  |
| 3             |                                      |   |              |                            |            |  |                   |                         |               |                  | NO 📆              |  |  |  |  |
| RTIFE         | 20g. ACCIDENT WA                     | S UNDERLYING  | 20b. DES     | CRIBE HOW INJURY OCC       | URRED.     | (Enter nature of injury                      | y in Port I or Po | ort (I of item 18 )     |               |                  |                   |  |  |  |  |
|               | IF EITHER, NOTIFY                    | CAUSE OF DEATH<br>MEDICAL EXAMINER)                                     |              |                            |            |  |                   |                         |               |                  |                   |  |  |  |  |
| MEDICAL       | Oc. TIME OF INJUR                    | Y Month, Doy, Ye  |              |                            |            | E OF INJURY (Home, ory, street, office bldg. |                   | ty or lown)             | (Co           | unty)            | (Stote)           |  |  |  |  |
| MED           | Hour o.m.                            | 19  | While of wor |                            | 700011     | ry, siles, office blog.                      | , e.c.,           |                         |               |                  |                   |  |  |  |  |
|               | 21 1 cortify that                    | t (I) /this hasnita   | 1) attend    | ded the deceased fr        | om.        | 111 8  | 1958 . ta         | 11 + 19                 | 1060          | ., that (I)      | (wa) last         |  |  |  |  |
|               | env the decor                        | ed alive as 11  | - 1          | 8 19.60, and the           | داد هدا    | ath accurred at                              |                   |                         |               | data stata       | d abava           |  |  |  |  |
|               | 220. SIGNATURE                       | ea anve an  |              | 2111 1/1272 4 dug 11       | iai de     | din accorred di                              | Carrie Moli       | Time cooses dr          | id di The i   |                  | 2b, DATE          |  |  |  |  |
|               | 1                                    | see to. B   | e ar .       |                            | 8.6        | ATTENDING                                    | MED.              | STAFF PHYS.             |               |                  | SIGNED            |  |  |  |  |
|               | 22c. PHYSICIAN'S                     |   | illin        | M.D.                       | 741        | 22d ADDRESS                                  | 4                 | ene St.                 |               | 373              | 2-60              |  |  |  |  |
| Ш             | NAME (Type)                          | amondan its man   |              |                            |            |  | Cumber            | land, Md.               |               | alpado * * * plu | ,,,,,,            |  |  |  |  |
| 230           | BURIAL, CREMAT.O                     | N. 23b. DATE THERE  | OF .         | 23c. NAME OF CEMETE        | ERY OR     | CREMATORY                                    | 23d. LOC          | ATION (City, town,      | or county)    | (Sto             | ote)              |  |  |  |  |
|               | REMOVAL (Specify)                    | Nov. 21.  | 1960         | Hillcrest                  | Burri      | al Parl                                      | Cumbe             | erland. Ma              | rvland        | 3                |                   |  |  |  |  |
|               | UNERAL DIRECTOR"                     |   |              | ADDRESS                    | ت خایالات  |  | REC'D BY REGI     |                         | STRAR'S SIGN  |                  |                   |  |  |  |  |
|               | John J. H                            | afer, Cumb  | erlar        | nd, Maryland               |            | DATE   | NOV 2 2           | '60 C                   | irthug S.     | Finns            |                   |  |  |  |  |
|               |                                      | *   |              |                            |            |  | 2 3 707 7         |                         | 7 4647        |                  |                   |  |  |  |  |



page 3 sh the State

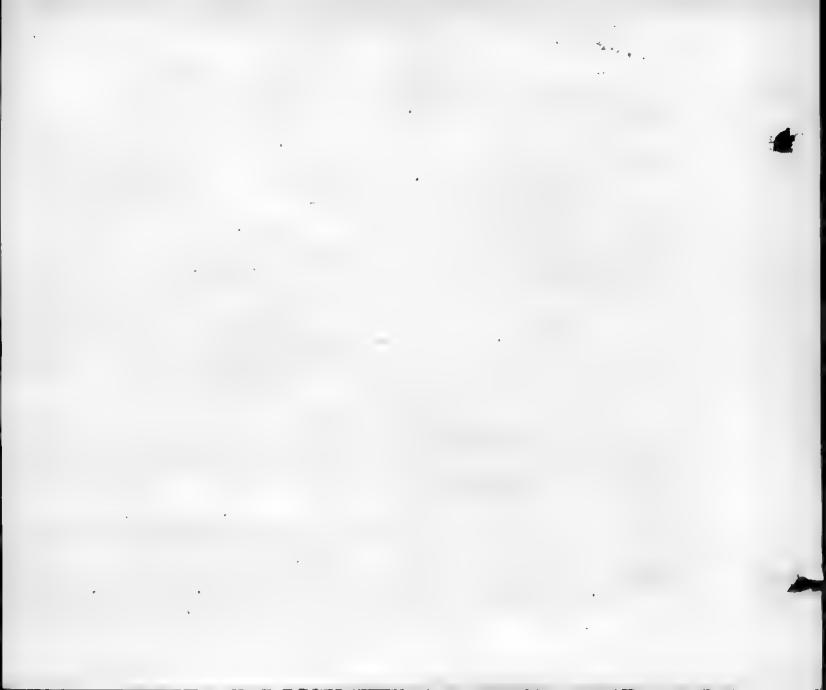
9

VR A15 (4)

15M 9/59

ALLEGANY

e. IS RESIDENCE ON A FARM? YES MO IN Day 1960 IF UNDER 1 YEAR IF UNDER 24 HRS Manths Days Hours 12. CITIZEN OF WHAT COUNTRY? USA Address INTERVAL BETWEEN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES NO (County) (State) 1960, to 28 Nov- 1960, that (1) (we) last saw the deceased alive an 25 7cm 19 GD, and that death accurred at D.M. from the causes and an the date stated above SIGNED 126 N.SMALLWOOD ST. MICHAEL GLICK, MD 23a BURIAL, CREMAT ON, 23b. DATE THEREOF 23c. NAME OF CERNETERY OR CREMATORY 23d LOCATION (City, town or county) (Stote BEMOVAL (Spegily) user 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE DATEDEC 760 artue & Trava

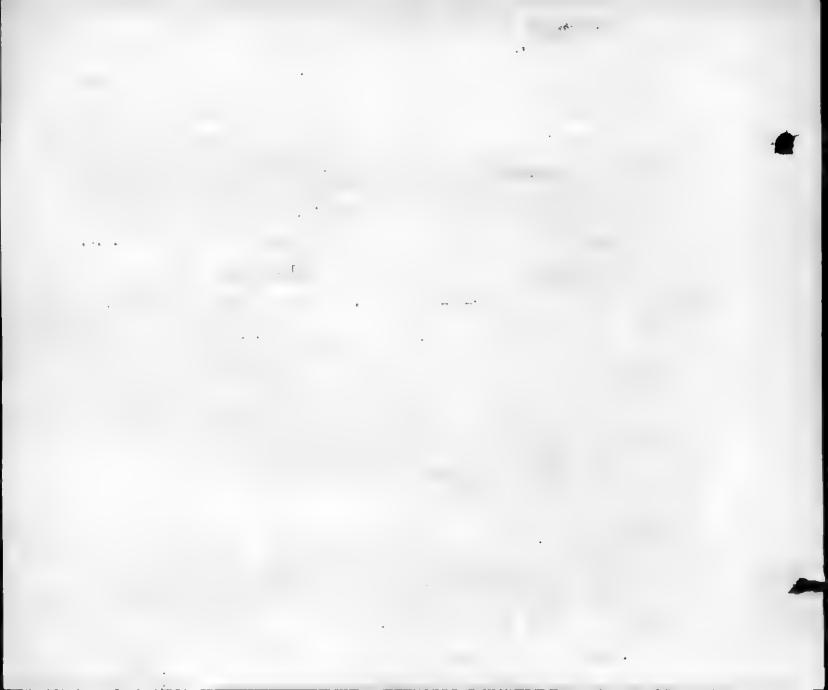


AT OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h

TO HOSPI

after death. Page 4

| -  |  |                                |             |                           |            |                     |             |                |                     |            |             |                 |   |  |  |
|--|--|--------------------------------|-------------|---------------------------|------------|---------------------|-------------|----------------|---------------------|------------|-------------|-----------------|---|--|--|
|  |  | 433                            |             | MARYLA                    | il.        | o. STATE            |             |                |                     | Υ          | _           |                 | on)                                     |  |  |
| H  | L CITY OR TOWN US  |                                |             | ,                         | #_         |                     | M           | - 11 - 2-      | . 11 14 14          | _          |             |                 |   |  |  |
|  | RURAL and give neg   | prest town)                    | s, write    |                           | ""         | ,                   |             |                |                     | ,          |             | >               | 1                                       |  |  |
| <u> </u>   |  |                                |             |                           |            |                     |             | Cumber.        | Land                |            |             |                 |   |  |  |
|  | OR INSTITUTION   | L (If not in hospital, gi      | ive street  | oddress                   |            | d. STREET AL        | DDRESS      |                |                     |            | 1           | e. IS RESII     | FARM?                                   |  |  |
|  | Box 331  | Route #3                       |             |                           |            |                     |             |                |                     |            |             | YES 🗍           | NO K                                    |  |  |
| Allegany  B. CITY OR TOWN If outside corporate limits, write  B. CITY OR TOWN If outside corporate limits, write  RURAL and gyre necreat bown  ROUTE #3 Cumberland  15 years  ROUTE #3 Cumberland  C. LENGTH OF STAY IN 16  16 years  ROUTE #3 Cumberland  Allegany  ROUTE #3 Cumberland  C. CITY OR TOWN If outside corporate limits, write RURAL and give necreat PRIVATE IN THE RURAL and give necreat Private Priv |  | y Y                            | feor        |                           |            |                     |             |                |                     |            |             |                 |   |  |  |
|  |  | Erret                          | £           | Benton Harr               | Lson       | Elliot              | bt _        | DEATH          |                     |            |             | -               | 9 60                                    |  |  |
| 5. 5   | SEX  | 6. COLOR OR RACE               | 7 MAR       | RIED A NEVER MARRIED      | B. D       | ATE OF BIRTH        |             | 9              | . AGE (In year      |            |             |                 |   |  |  |
|  | Male   | White                          | WOON        | /ED DIVORCED              |            | ec 11,              | 1884        |                | 75                  |            | Days        | Mours           | Min.                                    |  |  |
| 100  | USUAL OCCUPATION   | N (Give kind of work of        | lone 10b    | . KIND OF BUSINESS OR     | INDUSTRY   | 11, BIRTHPLA        | CE (Stote   | or foreign cou | intry)              | 12 C       | ITIZEN OF   | WHATCO          | DUNTRY                                  |  |  |
|  |  |                                |             | Celanese                  |            | Mar                 | rvl an      | d              |                     |            | II.S.       | ۵.              |   |  |  |
| 13.  |  |                                |             |                           | 1-         |                     |             |                |                     |            | 7 1 2 1 2   | -               |   |  |  |
|  | Franc  | is Elliott                     |             |                           |            | 7                   | allen       | Slige          | p                   |            |             |                 |   |  |  |
| 15.  |  |                                |             | SOCIAL SECURITY NO        | 17, INFOR  |                     |             | BU             |                     | dragg      | Route       | #3              |   |  |  |
| [Ye  | 4.0  | f yes, give wor or dates of se |             | 276-22-6625               | Mrs        | . M3 7 7 4          | A 4         | E334 644       |                     |            |             |                 | and                                     |  |  |
| H  |  | M (Fater only one to           |             |                           | 1110       | W & Fells alreadord | 10 21 .     |                | o ouis              | D61 14     |             |                 |   |  |  |
|  |  |                                | 0           | me for (o), (b), and (c). | . 1        |                     |             | -              | <del>-</del> -      | L-         |             |                 |   |  |  |
|  | AMMEDIATE CAUSE (0) CATCON WITH THERESAND  |                                |             |                           |            |                     |             |                |                     |            |             |                 |   |  |  |
|  | 4  | DUE TO                         |             | 1-                        |            |                     |             |                |                     |            |             | l.              |   |  |  |
|  |  |                                |             | Ruear                     |            |                     |             |                |                     |            |             |                 |   |  |  |
|  |  |                                |             |                           |            |                     |             |                |                     |            |             |                 |   |  |  |
| _  | lying couse lost.  | ) (c)                          |             |                           |            |                     |             |                |                     |            |             |                 |   |  |  |
| Š  | PART II OTHI   | ER SIGNIFICANT CON             | DITIONS     | CONTRIBUTING TO DEAT      | H BUT NO   | T RELATED TO        | THETERMI    | NAL DISEASE    | CONDITION G         | IVEN IN PA | ART 1(o) 15 | 9. WAS A PERFOR | LUTOPSY<br>RMED?                        |  |  |
| 8  | I was to see the second |                                |             |                           |            |                     |             |                |                     |            |             |                 |   |  |  |
|  | OR CONTRIBUTING  | CAUSE OF DEATH I               | 20b. DE     | SCRIBE HOW INJURY OCC     | CURRED. (E | inter nature of     | injury in ! | Port 1 or Port | II of item 18 }     |            |             |                 |   |  |  |
| X  |  |                                | r 20d       | INJURY OCCURRED 2         | De. PLACE  | OF INJURY (F        | lome, farm  | 20f (City s    | ar town)            |            | (County)    |                 | (Stote                                  |  |  |
| ă  |  | 19                             | While       | Not while                 |            |                     |             |                |                     |            | (00)        |                 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  |  |
| ×  |  | . 17                           |             |                           | 4.0        |                     |             | ,              |                     | 4          | -           |                 |   |  |  |
|  | 21 I certify that  |                                |             |                           | om. No     | sv 3                | 12          | 60, ta_        | 20 NM               | , 19       | 60, the     | at {I} (v       | ve) las                                 |  |  |
|  |  | ed alive an                    | 9 N.        | 1. 19 69 and t            | hat deal   | h accurred          | at          | M, fram t      | he c <u>auses c</u> | ind on t   | he date     | stated          | abave                                   |  |  |
|  | 22o. SIGNATURE   | $\mathcal{L}_{-}$              |             | 1                         |            | A TELEVISION IN     |             | _              |                     |            |             | 22b             | DATE                                    |  |  |
|  | Ca   | return 127                     | m           | 2 fuel                    | M.D.       | PHYS.               | M M         | RECTOR [       | PHYS.               |            |             | NN              | 2/1                                     |  |  |
|  |  | JARLTON                        | BR          | A SEVERA                  |            | 22d ADDRE           | SS B        | thorna         | An                  | Cand       | لمسلط       | n               | W.                                      |  |  |
| 23c  | BURIAL, CREMATION  | N, 23b. DATE THEREO            | F           | 23c NAME OF CEMET         | ERY OR CE  | REMATORY            |             | 23d LOCATI     | ON (City, town      | or county  | y)          | (Stote          | ,)                                      |  |  |
|  | REMOVAL (Specify)  | 11/23/60                       |             | Bethel Co                 | mote       | mar                 |             | Bedfo          | ard Ri              | + #3       | Pe          | enna            |   |  |  |
| 24   | FUNERAL DIRECTOR'S   |                                |             | ADDRESS                   | ANG UC.    | 3                   | 25a. REC.   | D BY REGISTA   | AR 25b. REC         |            | SIGNATUR    | RE              |   |  |  |
|  | Ruth E. S  | ilcox C                        | umbe        | rland Ma                  | irvlai     | nd                  | DATE        | IUY Z 8 't     | 00                  | Cirthun    | S. The      | me              |   |  |  |
|  |  |                                | -manning of |                           |            | 2274                |             |                |                     |            |             |                 |   |  |  |



CEDTIFICATE OF DEATH

12051

|                |  | 11/2   |          | CEICIII                   |            | IL OI BEATH  |                        |   |                    |                |                  |                         |  |  |  |  |
|----------------|--|--|----------|---------------------------|------------|--|------------------------|---|--------------------|----------------|------------------|-------------------------|--|--|--|--|
|                | PLACE OF DEATH   | llegany  |          | MARY                      | LAND       | 2. USUAL RESIDENCE (Who o. STATE Maryl   | ere decease            | d lived. If institution b. COUNTY           | A 11               | e befor        | ny<br>ny         | ion)                    |  |  |  |  |
|                | b. CITY OR TOWN (IF<br>RURAL and give ne<br>C UMID C       | outside corporate limit<br>crest lawn<br>riand                 | s, write | 3/3/58                    | IN 16      | /c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) |                        |   |                    |                |                  |                         |  |  |  |  |
|                | or institution Allegan                                     | AL (If not in hospital, gi                                     |          |                           |            | d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES NO                             |                        |   |                    |                |                  |                         |  |  |  |  |
|                | NAME OF<br>DECEASED<br>(Type or print)                     | Charl  |          | Middle                    | F          | azenbaker  | 4. DATE<br>OF<br>DEATH | Novem                                       | _                  | IC             | ž .              | 1960                    |  |  |  |  |
| 5 5            | Ma le  | m etc. 1 A   | 7 MARR   | IED NEVER MARRIE          |            | 8. DATE OF BIRTH<br>8/7/1868   |                        | 9 AGE (In years<br>last birthday)<br>92 yrs | IF UNDER<br>Months | 1 YEAR<br>Days | IF UNDE<br>Hours | R 24 HRS<br>Min         |  |  |  |  |
| 10a            | Recording Control  | N (Give kind of work d<br>mo life exem (Fetired)<br>LB DOT CT  | one 10b  | KIND OF BUSINESS O        | R INDUS    | Mary   |                        | cauntry)                                    |                    |                | what c           | OUNTRY?                 |  |  |  |  |
| 13             | FATHER'S NAME  |  |          |                           |            | 14. MOTHER'S MAIDEN N  |                        |   |                    |                |                  |                         |  |  |  |  |
|                | Mark   | Fazenbak   | er       |                           |            | Julia  | a Anr                  | i Fazenb                                    |                    |                |                  |                         |  |  |  |  |
|                |  | R IN U.S. ARMED FOR(<br>If yes, give wor or dates of se        |          | SOCIAL SECURITY NO        | 17 IN<br>A | llegany Cou  | Box I                  | infirmar                                    | y Re               | cor            | ·lan<br>·ds      | a,Ma                    |  |  |  |  |
|                |  | TH [Enter only one court TH WAS CAUSED BY- IMMEDIATE CAUSE (c) | 13       | 2001 (a), (b), and (a)    | 24         | veardiel   | De                     | recens                                      | tron               |                | ERVAL BE         |                         |  |  |  |  |
|                | Conditions, if or  | DUE TO   | Ge       | eueral                    | 1          | Crterio  | och                    | crose                                       | E)                 |                | ?                |                         |  |  |  |  |
|                | gove rise to it<br>couse (a), stating<br>lying couse lost. | S DITE TO  | _0       | Kronie                    |            | Rephret  | 20                     |   | ,                  |                | 7                |                         |  |  |  |  |
| CERT. FICATION | PART II. OTH   | IER SIGNIFICANT CON  | UCC      | CONTRIBUTING TO DEA       | et e       | NOT RELATED TO THE TERMI   | FLO                    | SE CONDITION GIV                            | EN IN PAR          | T 1(a) 1       |                  | AUTOPSY<br>PRMED?<br>NO |  |  |  |  |
| CERT.FI        | 20g ACC, DENT WA<br>OR CONTRIBUTING<br>(IF EITHER, NOTIFY  | S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)                  | 20b. DES | CRIBE HOW INJURY O        | CCURRE     | D. (Enter noture of injury in I  | Part I or Po           | rt II of Item TB)                           |                    |                |                  |                         |  |  |  |  |
| AEDICAL        | 20c. TIME OF INJUR<br>Hour a. m.                           | Y Manth, Doy, Yea  | While    | NJURY OCCURRED  Nat white |            | ACE OF INJURY (Home, farm<br>ctory, street, affice bldg., etc                    |                        | y or tawn)                                  | (                  | County)        |                  | (State)                 |  |  |  |  |

11/10/6019 d of M, from the causes and an the date stated above. 21. I certify that (I) (this hospital) attended the deceased from 3/3 II/I0/6019 saw the deceased alive an and that death accurred at 22a SIGNATUR

22c PHYSICIAN'S NAME (Type)

ATTENDING PHYS MED DIRECTOR Ž,

226. DATE 11/11/60

ADDRESS 49 Greene Cumberland, Md. James E. McLean St., Dr

M.D

BURIAL, CREMATION, DATE THEREOF 23b PREMOVA. FUNERAL DIRECTOR'S SIGNATURE

23c NAME OF CEMETERY OR CREMATORY

ADDRESS

LOCATION (City, town,

(State) 256 REGISTRAR'S SIGNATURE

REC'D BY NOV 1 5 '60 DATE

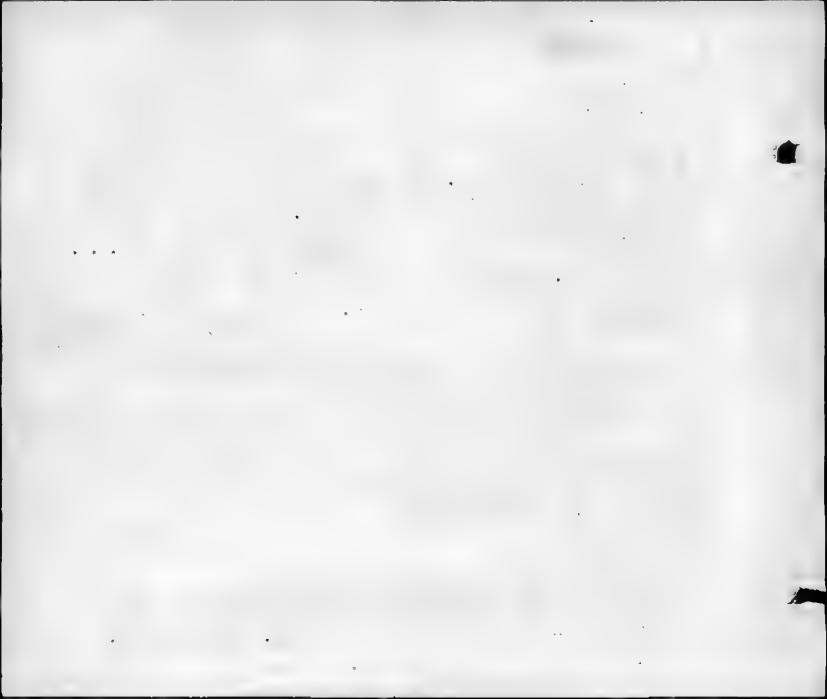
the funeral director, her death. Page

by the rune of 2-should t

TO HOSPITATION ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 him by be retained by the hospital are ottending physician.

TO FUNE ALDIRECTOR: After this certificate has been signed by the attending physician and completely filled in page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the State Board of Health priar to burial, cremation, ar remayal, and in any event, within 72 hours after death VR A1II (4) 15M 9/5II





| S SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH     Male   White   WIDOWED   DIVORCED   Jan. 24,1914     100 JSUAL OCCUPAT ON (Give kind of work done during mont of working life, even if refired)     Bead clerk   Tire Company   11. Birthplace (Stole or fore during mont of working life, even if refired)     Bead clerk   Tire Company   12. Mother's Maiden Name     13. FATHER'S NAME   14. MOTHER'S MAIDEN NAME     15. WAS DECEASED EVER IN U. S. ARMED PORCES? (Pers. no. or unknown)   If yes, give wor or doles of service)     16. SOCIAL SECURITY NO.   17. INFORMANT     17. INFORMANT     18. CAUSE OF DEATH   Enter only one couse per line for (a), (b), and (c).     PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b)   DUE TO     18. CAUSE OF DEATH   Enter only one couse per line for (a), (b), and (c).     PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)   DUE TO     Uping cause lost   Ce     Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D     CONTRIBUTING   CAUSE OF DEATH   CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D     CONTRIBUTING   CAUSE OF DEATH   CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D     CONTRIBUTING   CAUSE OF DEATH   CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D     CONTRIBUTING   CAUSE OF DEATH   CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D     CONTRIBUTING   CAUSE OF DEATH   CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D     CONTRIBUTION   CAUSE OF DEATH   CONTRIBUTION   COURRED   CENTER OF INJURY (Home, form, 20 foctory, street, office bldg., etc.)     CONTRIBUTION   CAUSE OF DEATH   CONTRIBUTION   COURRED   CONTRI |  |                     |              |             | 2              |             |        |  |          | - CI     | EKII      | LICA    | AIE    | OF I           | JEAI         |         |                  |           |                  |          |         | -510     |           | 17        |
|--|--|---------------------|--------------|-------------|----------------|-------------|--------|--|----------|----------|-----------|---------|--------|----------------|--------------|---------|------------------|-----------|------------------|----------|---------|----------|-----------|-----------|
| b CITY OR TOWN If out de corporate limits, write RURAL and give hearest town.  LaVale  I LaVale  I NAME OF HOSPITAL (If not in haspital), give street address.  69 LaVale Blvd.  3. NAME OF DECEASED (Type or print)  S SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED  100 JSUAL OCCUPATION (Give kind of work done lob, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fore during most of working life, even of refired)  Bead Clerk  13. FATHER'S NAME  15. WAS DECEASED EVER IN U. S. ARNED FORCES?  16. CAUSE OF DEATH [Enter only one course per line for [o], [b], and [c].]  PART I. DEATH WAS CAUSED BY.  18. CAUSE OF DEATH [Enter only one course per line for [o], [b], and [c].]  PART II OTHER SIGNIFICANT CONDITIONS CONTERBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DUE TO  Lying course lost  19 year. 19 ON. PORCES DECEASED EVER IN U. S. ARNED FORCES?  19 year. 200 ACCIDENT WAS JNDERUNG   DUE TO  CONDITION. 17 only, which course lost to immediate course (o), storting the under lying course lost to immediate course (o), storting the under lying course lost.  10 OR COTTREDITING CAUSE OR DEATH [Enter only one course per line for [o], [b], and [c].]  PART II OTHER SIGNIFICANT CONDITIONS CONTERBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DUE TO  LYING COURSE OF DEATH [Enter only one course per line for [o], [b], and [c].]  PART II OTHER SIGNIFICANT CONDITIONS CONTERBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DUE TO  LYING COURSE OF DEATH [Enter only one course per line for [o], [b], and [c].]  PART II OTHER SIGNIFICANT CONDITIONS CONTERBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DUE TO  LYING COURSE DEATH [Enter only one course per line for [o], [b], and [c].]  200 ACCIDENT WAS JNDERUNG   OR DEATH BUT NOT RELATED TO THE TERMINAL DUE TO  LYING COURSE DEATH [Enter only one course per line for [o], [b], and [c].]  201 CONTROLTED THE SIGNIFICANT CONDITIONS CONTERBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DUE TO  LYING COURSE DEATH [Enter only one course per line for [o], [c], and [c].]  202 CHAPT OF THE ARCH T |  |                     | 1            |             |                | 7           |        |  |          |          |           |         | 2. 1   | USUAL RI       | SIDENCE      | (Whe    | re deced         |           |                  |          | Resider | nce befa | re odmiss | ion)      |
| County of town (if outside copporate limits, write RIRAL and give nearest town)   LaVale      | 11   | NIY                 | <u> </u>     | 600         | ทระ            |             |        |  |          |          | MAI       | THAND   | '      | o. STATE       | Mar          | 777     | n d              |           | b. COU           | NTY      | A114    | egan     | 7.7       |           |
| LaVale  d NAME OF HOSPITAL (If not in hospitol, give street oddress)  69 LaVale  Blvd.  69 LaVale Blvd.  69 LaVale B  69 Lavale G  60 Lavale Lavale G  70 Lavale G  60 Lavale  |  |                     | N (if        | ob'stuc     | corpo          | rate li     | mits,  | write  | c. LE    | NGTH     | OF STA    | Y IN 1b | -      | c. CITY O      |              |         | - 1000 300 30-50 | porate li | mits, wri        | te RUR   |         |          |           | 1)        |
| d. NAME OF HOSPITAL (If not in haspital, give street address)  OR INSTITUTION  69 LaVale Blvd.  3. NAME OF DECASED (Type or print)  S SEX  6. COLOR OR RACE  Male  White  Widele  Jan. 24,1914  Widele  Cumberland,  Starter Address  B. Date of Birth  Widele  Jan. 24,1914  Widele  Leate of birth  Cumberland,  Tire Company  It with Mother's Maiden Name  Indetendent Jane  Widele  Widel |  |                     |              | rest tav    | vn)            |             |        |  |          | 144      | 20        |         | 30     | ( т            | owa 1        | ^       |                  |           |                  |          |         |          |           |           |
| Sex   Sex   Second control   Second co   |  |                     |              | L (If na    | t in h         | aspital     | , give | stree  | et addre |          |           |         |        |                |              |         |                  |           |                  |          |         | Ī        | e. IS RES | IDENCE    |
| ARTHUR  S SEX  6. COLOR OR RACE    Male   Middle   Modern   Middle   Middle | -  |                     |              |             |                |             |        |  |          |          |           |         | 1 /    | 60             | T.e.T        | 076     | TR3-             | - A       |                  |          |         |          |           | NO 171/   |
| S SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH   WIDOWED   DIVORCED   Jan. 24, 1914  | •  | OF.                 | N.C.L.       |             | 1 11           |             | First  |  |          |          | Midd      | le      |        |                |              | -       |                  |           |                  | Manth    |         | Do       | M 1       | Year      |
| S SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH     Male   White   WIDOWED   DIVORCED   Jan. 24,1914     100 JSUAL OCCUPATION Gree kind of work done during most of working life, even if refired     121 JSUAL OCCUPATION Gree kind of work done during most of working life, even if refired     122 JSUAL OCCUPATION Gree kind of work done during most of working life, even if refired     123 FATHER'S NAME   JSUAL OCCUPATION GREEN     13 FATHER'S NAME   JAME   JA | \$   | ED                  |              |             | AR             |             |        |  | T        |          |           |         | v      |                |              |         | OF<br>DEA        | TH        |                  |          | フ       | -        | •         | 19 60     |
| Male White WIDOWED DIVORCED Jan. 24,1914  10a JSUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  Bead clerk Tire Company Chimberland,  13 FATHER'S NAME  Harry J. Gurley  14. MOTHER'S MAIDEN NAME  Harry J. Gurley  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT  NO  18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (b), and (c).]  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DEATH WAS JNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DEATH WAS JNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DEATH WAS JNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DEATH WAS JNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DEATH WAS JNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DEATH WAS JNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DEATH WAS JNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DEATH WAS JNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DEATH WAS JNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DEATH WAS JNDERLYING OR CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DEATH WAS JNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DEATH WAS JNDERLY (B) on the following of the death accurred of the following of the following of the following of the following of the f | -  |                     |              | 6. COL      | -              |             |        | - 866  |          |          |           |         | _      | ATE OF BI      | RTH          |         |                  |           | NOV<br>SE (In ye |          | UNDER   | TYEAR    |           | R 24 HRS. |
| TOD JUNAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Bead clerk  Tire Company  13. Betthface (State or fore during most of working life, even if retired)  Bead clerk  Tire Company  14. MOTHERS MAIDEN NAME  15. WAS DECEASED EVER IN U. S. ARNED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT  18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (b)  DUE TO  Condition. If any, which gave rise to immediate couse (a), storing the under life gave rise to immediate couse (a), storing the under life gave rise to immediate couse (a). Storing the under life gave rise to immediate couse (a). Storing the under life gave rise to immediate couse (b). The part II other significant conditions. Contributions contributions contributions to the terminal Due to (c).  Part II other significant conditions contributions to Death but not related to the terminal D or Contributions of Contributions |  | 10                  |              |             |                |             |        |  |          | 11 1421  |           | _       |        |                |              | 7.4     |                  | 101       | it_birthda       |          | Aanths  | Days     | Hours     | Min       |
| during most of working life, even if retired)  Bead clerk  Tire Company  Cumberland,  13 FATHER'S NAME  Harry J. Gurley  Is. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  NO.  18. CAUSE OF DEATH [Enter only one course per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, (which gave rise to immediate cause (a), stating the under lying cause lost)  [b]  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D  DO ACCIDENT WAS JINDERLYING 10 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I (if EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED (Enter nature of injury in Part I of work and |  |                     | AT ON        | 7.1.        |                | -           |        |  |          | OF BU    |           |         |        |                |              |         | r foreig         |           |                  | ,        | 12.CIT  | IZEN OF  | WHATC     | OUNTRY?   |
| 13 FATHER'S NAME   | g  | most of             | workin       | g life,     | even           | if retir    | ed)    |  |          |          |           |         |        |                |              |         |                  |           | ,                |          |         |          |           |           |
| Harry J. Gurley  1s. Was deceased ever in u. s. armed forces?  1s. Was deceased ever in u. s. armed forces?  1s. Was deceased ever in u. s. armed forces?  1s. Was deceased ever in u. s. armed forces?  1s. Social security No.  214 05 4148  Mrs. Mary Gurley.  214 05 4148  Mrs. Mary Gurley.  214 05 4148  Mrs. Mary Gurley.  215 Death Was Caused by:  1s. Inmediate Cause (a).  216 Due to  217 Conditions. If any, which gave rise to immediate cause (a). stating the underlying cause last  218 Cause (a). stating the underlying couse last  219 Conditions. If any, which gave rise to immediate cause (a). Stating the underlying cause last  219 Conditions. If any, which gave rise to immediate cause (a). Stating the underlying cause last  219 Conditions. If any, which gave rise to immediate cause (a). Stating the underlying cause last  219 Conditions. If any, which gave rise to immediate cause (a). Stating the underlying cause last  219 Conditions. If any, which gave rise to immediate cause (a). Stating the underlying cause last  220 Accipt it was underlying cause last  220 Accipt it was underlying cause of death of control of the terminal death accurred of injury in Part to the terminal death cause of the underlying cause last underly in Part to the terminal death cause and the force injury in Part to the terminal death cause and the force injury in Part to the terminal death cause and the force injury in Part to the terminal death cause and the force injury in Part to the terminal death cause and the force injury in Part to the terminal death cause and the force injury in Part to the terminal death cause and the force injury in Part to the terminal death cause and the force injury in Part to the terminal death cause and the death cause and the force injury in Part to the force injury in  |  |                     | CTE          | rk          |                |             |        |  | Tare     | e_ Uc    | mpai      | ny      | 14     |                |              |         |                  | 2.        |                  |          |         | USA      |           |           |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  NO  18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a).  DUE TO  Lying cause lost  OR ACCIDENT WAS JNDERLYING DORONDORDORDORDORDORDORDORDORDORDORDORDORDORD   |  |                     |              | **          | . ,            | ~           |        |  |          |          |           |         |        |                |              | _       | _                |           |                  |          |         |          |           |           |
| Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DOWN ACCOUNTRY MEDICAL EXAMINER; IF ETHER, NOTIFY MEDICAL EXAMINER; IP  | ni   |                     |              | -           |                |             |        |  | 4 socii  | AL SECI  | IIDITY N  | 0 17    | INFOR  |                | <u>leota</u> | R.      | <u> </u>         | Ler       |                  | Address  |         |          |           |           |
| 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSE BY, IMMEDIATE CAUSE (a).  DUE TO  Conflitions, it only, which gave rise to immediate cause (a), stating the under lying cause lost  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D  CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. ACCIDENT WAS JNDERLYING WAS UNDERLYING ON DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I of CONTRIBUTING CONTRIBUTING COURSED (Enter nature of injury in Part I of CONTRIBUTING CONTRIBUTING COURSED (Enter nature of injury in Part I of CONTRIBUTING CONTRIBUTING COURSED (Enter nature of injury in Part I of CONTRIBUTING COUR |  |                     |              |             |                |             |        | ce)  |          |          |           |         |        |                |              |         |                  |           | ,                | AUGI 611 |         |          |           |           |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate cause (a), storing the under lying cause lost  Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D  OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING AND AND AND AND AND ATTENDING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING AND  | =  |                     | <u> </u>     |             |                |             |        |  |          |          |           |         | Mrs.   | . Pier         | y Gu         | rle     | y,               | LaVa      | le,              | Md.      |         | 1        |           |           |
| DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  VOICE TIME OF INJURY Manth, Day, Year White Not white all work caused, office bidg., etc.)  19 all work caused of the deceased from Caused, office bidg., etc.)  20. I certify that (I) (this haspital) attended the deceased from Caused of the deceased | C,I  |                     |              | -           |                |             |        | Per  | line for | (a), (b) | ), and (c | i]-]    |        |                |              | 0       | ,                |           |                  |          |         | ONS      | RVAL BE   | DEATH     |
| Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D CONCRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. ACCIDENT WAS JNDERLYING AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. TIME OF INJURY Month, Day, Year Month, Day, Year Month of While of work |  | TORE L              | DEATE        | MMED        | ATE (          | AUSE        | (a)_   |  |          | -8-      | 11        |         | 17     | 0              | cel          | ارا     | all              | 3-71      |                  |          |         | In       | M         | u Le      |
| gave rise to immediate cause (a), stating the under lying cause lost  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D  ON CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D  200. ACCIDENT WAS JNDERVING CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL D  ON CONTRIBUTIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL D  200. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 of OR CONTRIBUTIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL D  200. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While Not while alwark at wark  | 4  | 100                 | )            | 40          |                | DUE.        | ro     | 1  | 10       | 0        | 0         |         | Chi.   | . 1            | * /          | 3       |                  |           |                  |          |         | برا      | Ω         | 799.000   |
| Cause (a), stating the underlying cause lost  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D  CONCONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Moure Not work of the person of the terminal D  21. I certify that (I) (this haspital) attended the deceased fram 19 of work of w | gave rise to immediate   |                     |              |             |                |             |        |  |          |          |           |         |        |                |              |         |                  |           |                  |          |         |          |           |           |
| PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D    200 ACCIDENT WAS UNDERLYING   20th DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 of CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)    20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, form, p. m. p. p. m. p. p. m. p.  |  |                     |              |             |                | DUE.        | ГО     |  |          |          |           |         |        |                |              |         |                  |           |                  |          |         |          |           |           |
| 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While of work of two | 9  |                     |              |             |                |             |        |  |          |          |           |         |        |                |              |         |                  |           |                  |          |         |          |           |           |
| 20c. TIME OF INJURY Manth, Day, Year While of work of two wore work of two wor | PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AJTOPSY PERFORMED? |                     |              |             |                |             |        |  |          |          |           |         |        |                |              |         |                  |           |                  |          |         |          |           |           |
| 20c. TIME OF INJURY Manth, Day, Year While of work of two wore work of two wor |  |                     |              | سال ا       | 2              | . 1         | 42     | an   |          |          |           |         |        |                | -            |         | 4                | 40        | gr.              | 2:       |         |          | YES 📋     | NO 🗌      |
| 20c. TIME OF INJURY Manth, Day, Year While of work of two wore work of two wor | A<br>C   | CCIDENT<br>ONTRIBUT | WAS<br>ING [ | JNDE<br>CAU | RLYIN<br>SE OF | G 🔲<br>DEAT | H 20   | b. DI  | ESCRIBE  | HOW      | INJURY    | OCCURR  | ED (En | nter natur     | e of injury  | y in Po | art I or I       | art It of | fem 18           | )        |         |          |           |           |
| 21. I certify that (I) (this haspital) attended the deceased fram \$\int D - 18 - 19 - 19 \\  saw the deceased alive an \$\int \left( \frac{1}{2} \). And that death accurred at \$\int M\$, \$\int M\$, \$\int D\$.  22c. PHYSICIAN'S PHYS PHYS PHYS PHYS PHYS PHYS PEDFO  23c. PHYSICIAN'S PHYS PHYS PHYS PHYS PHYS PHYS PHYS PHY  |  |                     |              |             |                | MINER       | )      |  |          |          |           |         |        |                |              |         |                  |           |                  |          |         |          |           |           |
| 21. I certify that (I) (this haspital) attended the deceased fram \$\int D - 18 - 19 - 19 \\  saw the deceased alive an \$\int \left( \frac{1}{2} \). And that death accurred at \$\int M\$, \$\int M\$, \$\int D\$.  22c. PHYSICIAN'S PHYS PHYS PHYS PHYS PHYS PHYS PEDFO  23c. PHYSICIAN'S PHYS PHYS PHYS PHYS PHYS PHYS PHYS PHY  |  |                     |              | Mont        | h, I           | )ay, '      | (ear   |  |          |          |           |         |        |                |              |         | 20f. (0          | ily or lo | wn)              |          | (       | (County) |           | (State)   |
| saw the deceased alive an 1/-4 1900, and that death accurred at AM, for the same of the sa | Ċ  |                     |              |             |                | 19          | ,      |  |          |          |           |         |        |                |              |         |                  |           |                  |          |         |          |           |           |
| 22c. PHYSICIAN'S NAME (Type)  23c. BURIAL, CREMAT ON, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BURIAL  23c. NAME OF CEMETERY OR CREMATORY 23d. NAME OF CEMETERY OR CREMATORY 25d. N | (  | certify             | that         | (1) (1)     | his h          | aspit       | al) (  | attei  | nded t   | he de    | ecease    | d fram  | 10     | -18            | -61          | 99_     | to               | 11        | - 4              | 4        | . 195   | O th     | at (1) (  | we) las!  |
| 22c. PHYSICIAN'S NAME (Type)  23c. BJRIAL, CREMAT ON, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BURIAL  23d. NAME OF CEMETERY OR CREMATORY 25d. N | t  | the dec             | ease         | d of        | ve a           | n //        | 1-1    | 4  |          | 190      | O, an     | d that  | death  | n accur        | red at       | A       | M, fra           | m the     | couses           | and      |         |          |           |           |
| 22c. PHYSICIAN'S NAME (Type)  23d. ADDRESS  12d. ADDRESS   | Z  | GHATUR              | E            |             |                | -           |        | 5  |          | 0        |           |         |        |                |              | V-V     |                  |           |                  | -        | 1       | -        |           | b. DATE   |
| NAME (Type)  THOMAS F. LUSBY M.D INSBEDGO  230 BJRIAL, CREMATON, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d REMOVAL (Specify)  Burial Nov.9,1960 Greenmount Cemetery C  | l  | 100-                | m            | a           | , (            | <b>之</b> 《  | L      | -  | 71       | Ca       | 7         |         | M.D    | ATTEND<br>PHYS | ING          | MEI     | D.<br>ECTOR      | ST.       | AFF<br>IYS.      | ,        | No      | 1        | 7-6       | SIGNED    |
| THOMAS F. LUSBY 173 DEDFO  230 BURIAL, CREMATON, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Burial Nov.9,1960 Greenmount Cemetery   |  |                     |              |             |                | _           | 1      | The State of the S | Tag.     | /        |           |         |        | 22d. AD        | DRESS        |         |                  |           | 0                | 1        |         |          |           |           |
| Burial Nov.9,1960 Greenmount Cemetery C  | _  |                     | 111          | A-5         |                |             | 4      | U  | 5/3      | Y        | 1         | 7.5     |        | 125            | BE           | DI      | FOR              | 25        | 26               | 1111     | BE      | RLI      | 920       | 11/       |
| Burial Nov.9,1960 Greenmount Cemetery C  |  |                     |              | , 23b.      | DATE           | THER        | EOF    |  | 23c      | NAMI     | OF CE     | METERY  | OR CRI | EMATORY        |              |         | 23d LO           | ATION     | (City, tov       | wn, or   | caunty) |          | (Stat     | e)        |
|  | 0  | VAL (Spec           | cify)        | No          | T. (           | 9.1         | 960    | )  | (77      | reer     | ייייט מור | nt C    | eme:   | terv           |              |         | ates.            |           | land             | 2.0      |         |          |           |           |
|  |  |                     | OR'S         |             |                | 7 3 -       | / \ \  |  | 1 94     |          |           |         | VHIV   | X-X-sta        | 2Sa. (       | REC'D   |                  |           |                  | -        |         | GNATU    | RE        |           |
| Byron Kight Cumberland, Md. DATENOV 1 4  |  |                     | Byr          | on          | Ki,            | ght         |        | C  | tumbe    | erla     | and,      | Md.     |        |                | DATE         | VOV     | 14               | 60        | 1                | ا ۲      | - 0     | 20       |           |           |

may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death. offer death. Page 4 OR ATTENDING PHYSICIAN: The lam requires that the death merificate be executed within 24 TO HOSP VR A1S (4) 1SM 9/S9



| - 31          |   |                           |   |  |                                     |
|---------------|---|---------------------------|---|--|-------------------------------------|
|               | 1. PLACE OF DEATH O. COUNTY ALLEGANY  | MARYLAND                  | 2 USUAL RESIDENCE (Where of a. STATE MARYLAND                   | deceased lived. If institution, Res<br>b COUNTY AL | idence before odmission)            |
|               | b. CITY OR TOWN (If autside carporate limits, write<br>RURAL and give nearest town)                                 | c LENGTH OF STAY IN 16    | No. and   | e corporate limits, write RURAL o                  | and give nearest town)              |
|               | CUMBERLAND  | 29 DAYS                   | TA VALE   |  |                                     |
|               | d. NAME OF HOSPITAL III not in haspiral, give trees or institution MEMOR TAL HOSPIT                                 | address)<br>[AL           | d. STREET ADDRESS   |  | e. IS RESIDENCE<br>ON A FARM?       |
| + 3           | WARWICK & MEMORIALS AVES.   |                           | 510 MARY  |  | YES NO X                            |
|               | 3 NAME OF DECEASED (Type or print) CANDACE  | MREATHA                   |   | OF NOVEMBER  | 11, 1960.                           |
|               | S SEX 6. COLOR OR RACE 7 MARR   | IED KKNEVER MARRIED       | B. DATE OF BIRTH  | 9 AGE (In years IF UN<br>last birthday) Mant       | ths Days Hours Min.                 |
|               | FEMALE WHITE WIDOWE   |                           | MARCH 29, 1917  | 43 угл.  |                                     |
|               | 10o USUAL OCCUPATION (Give kind af wark dane 10b. during mast af warking life, even if refired)                     | KIND OF BUSINESS OR INDUS |   |  | CITIZEN OF WHAT COUNTRY             |
|               | Saleslady De  | ept. Store                | MARYLAND  14. MOTHER'S MAIDEN NAME                              |  | U. S. A.                            |
|               |   |                           |   | •  |                                     |
| $\mathcal{I}$ | STEPHEN KNIPPENBERG  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16:   | SOCIAL SECURITY NO. 17 IP | LEONA IRONS   | Address  |                                     |
|               | (Yes, no, or unknown) (If yes, give wor or dates of service)  |                           | MEMORIAL HOSP   | ITAL, CUMBERLAN                                    | D. MD.                              |
|               | 18. CAUSE OF DEATH [Enter only are cause peculin  | ne far (a), (b), and (c), | MEMORIAL HOST   | THE CONDENSATI                                     | INTERVAL BETWEEN                    |
|               | PART I. DEATH WAS CAUSED BY   | ence and                  | lasis   |  | ONSE AND DEATH                      |
|               | Canditions, if any, which gave rise to immediate cause (a), stating the <u>under-lying</u> cause tast.              | granard                   | of Cerrix   | (Squamero  | ] Zyis                              |
|               | PART II. OTHER SIGNIFICANT COND TIONS C   | ONTRIBUTING TO DEATH BUT  | NOT RELATED TO THE TERMINAL                                     | DISEASE CONDITION GIVEN IN                         | PART 1(a) 19 WAS AUTOPSY PERFORMED? |
|               | 20g ACCIDENT WAS UNDERLYING 1 20b. DESC<br>OR CONTRIBUTING 1 CAUSE OF DEATH<br>(IF EITHER, NOTIFY MEDICAL EXAMINER) | CRIBE HOW INJURY OCCURRE  | D. (Enter nature of injury in Part                              | t or Part II of item 18.)                          |                                     |
|               | 20c. TIME OF INJURY Manth, Day, Yeor 20d. It Hour a. m. While at wart   | Nat while fac             | ACE OF INJURY (Hame, form, 2 ctary, street, affice bldg., etc.) | Of (City or lown)                                  | (Caunty) (State                     |
|               | 21. I certify that (I) (this hospital) attend   |                           |   | , ta, 1<br>Mram the causes and an                  | 7 7 7 7                             |
| 7             | 220 SIGNATURE TO CO   | Oeen                      | - LT  | FOR STAFF  | 1) 12 CO                            |
|               | 22c PHYSICIAN'S NAME (Type) DR. L. LEWIS MO   | ULD                       | 22d ADDRESS 122 5. CE   | NTRE ST., CUMBE                                    | RLAND, MD.                          |
|               | 230 BURIAL CREMATION, 236 DATE THEREOF REMOVAL (Specify) Rurial Nov. 13.1960  | Davis Memo                |   | LOCATION (City, fown, or could umberland. N        | nty) (State)                        |
|               | 24, FUNERAL DIRECTOR'S SIGNATURE  | ADDRESS                   | 25a REC'D BY  |  |                                     |
|               | Charles L. George,  | Cumberland,               | Md. DATE NOV  | 1 4 '60  | 0 10                                |

TO HESPITAL OR ATTENBING PHYSICIANS. The low requires that the death certificate be executed within 24 hims after death. Page 4 may be retained by the haspital an attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, at removal, and in any event, within 72 hours ofter death.

VR A1S (4) 1SM 9/59



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

12055

|   | 1   | 2  | () | 7 | 7 |
|---|-----|----|----|---|---|
| * | DEA | TH |    |   |   |

| _             | 7.4   | * * *   |                                     |   |                          |   |                 |                           |
|---------------|---|---|-------------------------------------|---|--------------------------|---|-----------------|---------------------------|
|               | PLACE OF DEATH O. COUNTY ALLEGAN  | Y   | MARYLAND                            | 2. USUAL RESIDENCE<br>0. STATE<br>MARYLAND        | (Where deceased live     | b. COUNTY                               | dence before or | imission)                 |
|               | CUMPERL   | f outside corporate fimits, write orest tawn)<br>A ND                   | c. LENGTH OF STAY IN 16             | LA VALE   | (If outside corporate    | limits, write RURAL o                   | nd give nearest | town)                     |
|               | OR NST TUTION   | AL (If not in haspital, give street SPIEAL, MEMORIAL                    |                                     | 515 "B" S   |                          | 1                                       |                 | RESIDENCE<br>ON A FARM?   |
|               | NAME OF<br>DECEASED<br>(Type or print)  | FREDER I CK   | Middle Lewis                        | HAWK I NS   | 4. DATE<br>OF<br>DEATH   | NOVEMBER                                | Doy<br>15       | 19 60                     |
| 5             | MALE  | 6. COLOR OR RACE 7. MARR  | RED NEVER MARRIED DIVORCED DIVORCED | B. DATE OF BIRTH  JANUARY 20,                     | _                        | GE (in years IF UNI gut birthday) 7 yrs | DER TYEAR IF    | JNDER 24 HRS<br>ours Min. |
|               | during most of worl<br>Retired  | ON (G ve kind of work done 10b. sing life, even if retired) Salesman    | KIND OF BUSINESS OR INDU            | BEDFOR  | D, PENN.                 | 7) 12                                   | U.S.A           |                           |
| 13.           | FATHER'S NAME   |   |                                     | 14. MOTHER'S MAID                                 |                          |   |                 |                           |
|               | wie Beerleeprije  | GEORGE HAWKI  |                                     | BLANCE<br>NEORMANT                                | E WELSH                  | Address                                 |                 |                           |
|               |   | If yes give wor or dates of service)                                    |                                     | EMORIAL HOS                                       | PITAL - CU               |   | MARYLA          | ND                        |
|               |   | TH (Enter only one couse per limited was CAUSED BY: IMMEDIATE CAUSE (c) | ne for (a) (b), and (c).            | cular a   | cuden                    | t                                       |                 | AND DEATH                 |
|               | Canditions, if a<br>gave rise to i<br>cause (o), stoting<br>lying couse lost. | mmediate DUE TO   | eneralize                           | 1 arten   | releve                   | er)                                     | y               | ~                         |
| CERTIFICATION |   | HER SIGNIFICANT CONDITIONS  | CONTRIBUTING TO DEATH BUT           | NOT RELATED TO THE T                              | ERMINAL DISEASE CO       | OND TION GIVEN IN                       | P               | VAS AUTOPSY<br>ERFORMED?  |
|               | 20g ACCIDENT WA<br>OR CONTRIBUTING<br>(IF EITHER, NOTIFY                      | AS UNDERLYING (1) 206. DES<br>CAUSE OF DEATH<br>MEDICAL EXAMINER)       | CRIBE HOW INJURY OCCURRE            | D. (Enter noture of injur                         | y in Port I or Port II o | of item 18.)                            |                 |                           |
| MEDICAL       | 20c. TIME OF INJUR<br>Hour a.m.<br>p. m.                                      | Y Month, Doy, Year 20d. I<br>While of wor                               | Not while fa                        | ACE OF INJURY (Home, ictory, street, office bldg. |                          | town)                                   | (County)        | (State)                   |
|               | 21 I certify the  | at (l) (this hospital) attend   | ded the deceased frame              | Jept 20   |                          | 2 Singrature 1                          |                 |                           |
|               | 220 SIGNATURE   | sed alive on / / / / 2_   | 19,6, and that                      | death accurred at                                 | Why Arofflethe           | causes and an                           | the date st     | 22b DATE                  |
|               | N200  | Jem Is  | none)                               | M.D ATTENDING PHYS                                | MED.                     | HYS.                                    | 1               | 1/15/6                    |
|               | NAME (Type)   | DR. GEORGE M.   | SIMONS                              | ALGONQUI  | N HOTEL,                 | CUMBERLAND                              | , MD.           |                           |
| 23            | BURIAL CREMATIC<br>REMOVAL (Specify)  |   | 23c. NAME OF CEMETERY C             | or CREMATORY<br>Surial Par                        |                          | (City, town, or coun                    | h = - 4         | (State)                   |
| 24.           | FUNERAL DIRECTOR  |   | ADDRESS                             |   | REC'D BY REGISTRAR       | 25b, REGISTRAR'S                        | SIGNATURE       |                           |
|               | H. Wayn   | ie George Cui   | mberland, Md                        | DATI  | NOV 21 '60               | Oring                                   | 8. Kraus        |                           |

Lofter death. Page 4 may be retained by the haspitol ar attending physician.

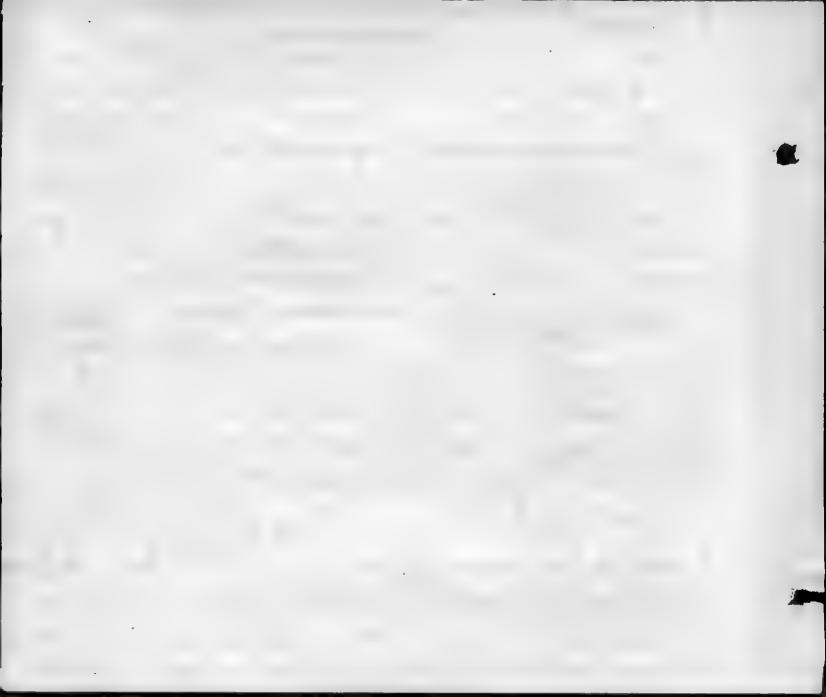
TO FUNERAL DIRECTOR: After this mentificate has been signed by the attending physician and mompletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death. TO HOSP AL OF ATTENDING PHYTICIAN: The law requires that the death certificate be effected within 24 !.

VR A1S (4) 15M 9/59

. . -! <u>1.4</u>

12075 **CERTIFICATE OF DEATH** Reg. Dist. No director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) filed o. COUNTY b. COUNTY MARYLAND ero b. CITY OR TOWN (If outside corporate limits, write RURAL and give recorps) c. LENGTH OF STAY IN 16 ě outside corporate limits, write RURAL and give/negrest fawn) should herlier d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION N YES NO T NAME OF First Middle DATE Month Day Yeor filled DECEASED (Type or print) DEATH 19/4 ( S, SEN 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AOE (In years lost birthday) IF UNDER TYEAR IF UNDER 24 HRS Months Days Hours DIVORCED [ on papers. WIDOWED | yrs. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, eyén if retired) 11\_BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? carbon ofter 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physicion remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (If yes, give war or deter of service) attending 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN á ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** permit. any Conditions, if any, which gave rise to immediate **DUE TO** catse (a), stating the underpuo lying couse lost. **burial-transit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO T 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18 ) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d INJURY OCCURRED (County) (State) factory, street, office bldg, etc.) Hour o. m. While Not while 19 ot work ot work p. m. 21. I certify that I attended the deceased from 9 00 that I last saw the deceased pached alive on M, from the causes and an the date stated above. ADDRESS (Street: det DIRECT ACTUAL pe prior should PHYSICIAN'S TO FUNERAL NAME (Type) poge 3 22b. DATE THEREOF -QURIAL CREMATION, 22c. NAME OF CEMETERY-OR CREMATOR 22d LOCATION (City, town, precounty) -(State) REMOVAL (Specify) Jan uria 23. FUMERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE **ABDRESS** 24a REC'D BY REGISTRAR, NOV 2 2 VS A1S (4) Cisthur S. House DATE 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



40000

CENTIFICATE OF DEATH

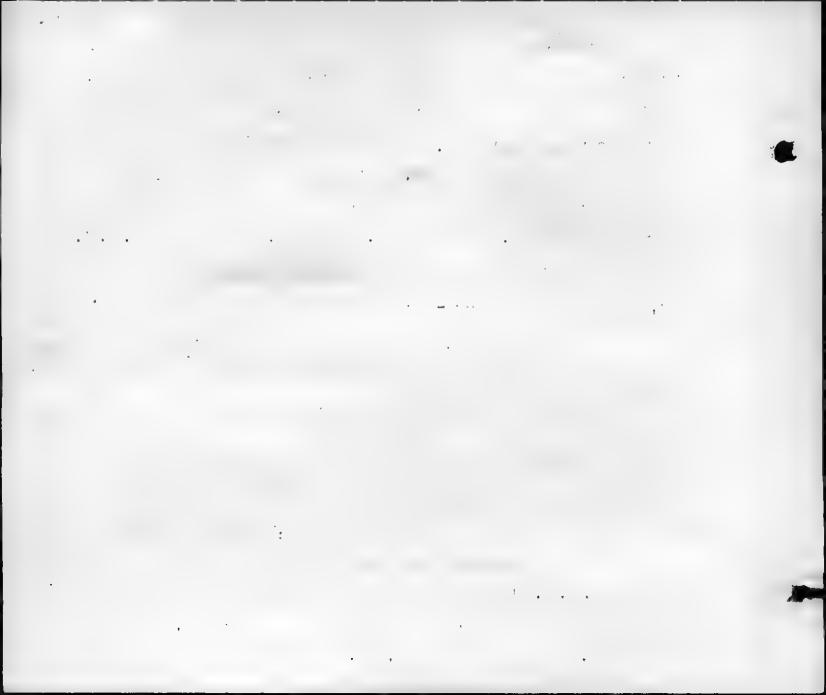
| 12(1/1) CERTIFICA   | TIE OF DEATH  |
|---|---|
| 1. PLACE OF DEATH  o. COUNTY  ALLEGANY  MARYLAND  | 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission)  MARYLAND b. COUNTY ALLEGANY |
| b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  CUMBERLAND  2 DAYS   | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)                                  |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  | d STREET ADDRESS  o. IS RESIDENCE ON A FARM?  |
| MEMORIAL HOSPITAL MEMORIAL AVE.   | J Pleasant View Road YES NO M   |
| NAME OF DECEASED (Type or print) THOMAS Patrick   | HIGHLAND  4. DATE Month Day Year NOVEMBER 3 1960  |
| S. SEX  6. COLOR OF RACE  7. MARRIED NEVER MARRIED  MALE  WHITE WIDOWED DIVORCED  | B DATE OF BIRTH  9 AGE (In years left UNDER 1 YEAR IF UNDER 24 HR  194 b rthdoy)  03 yrs  Months Days Hours Min.  |
| Oc. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU-<br>during most of working life, even if retured)  Retired Station Mgr. Pipe Line Co                       | JSTRY 11 BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY   |
| 3. FATHER'S NAME  | 14 MOTHER'S MAIDEN NAME   |
| JOHN HIGHLAND   | Briget Roland   |
|   | MEMORIAL HOSPITAL CUMBERLAND, MD.   |
| 1B. CAUSE OF DEATH [Enter only one couse per line to the the total (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if only, which gove rise to immediate | Hopertenoire Caseuls Peux Sec   |
| couse (a), stoting the under- lying couse lost.  DUE TO  (c)  | 21  |
| Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  | T NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(0) 19 WAS AUTOPS' PERFORMED? YES NO               |
| 200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRE OF CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)   | ED. (Enter noture of injury in Port or Port 11 of item 18.)   |
| 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e Pt Hour o m p. m. 19 While Not white of work  | LACE OF INJURY (Home, form, +20f (City or town) (County) (State blodg , etc.)                                     |
| 21 I certify that (I) (this haspital) attended the deceased framsow the deceased alive an   | death accurred of 1:45 PMom the causes and on the date stated above   |
| 220. SIGNATURE  | ATTENDING MED STAFF   126 DATE  ATTENDING MED STAFF   11-9-60   |
| 22c PHYSICIAN'S NAME (Type) DR. W. F. WILLIAMS  | 27d ADDRESS Tumberland, Ind   |
| 230 BLR AL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY C Newport Ce  | or CREMATORY 23d LOCATION (City, town, or county) (Stote) emetery Newport, Ohio                                   |
| 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  | 25a REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE   |
| Charles L. George Cumberland,   | Md. DATE NOV 1 4 60 Colony S. Flours  |

the funeral director, shauld be filled with ond 2 may be introduced by the hosp toll or attending physicion

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 of the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. R. OR ATTENDING PHYSICIAN: The tow requires that the deoth certificate be executed within 24 TO HOSP

VR A1S (4) 1SM 9/59

ofter death. Page 4



DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND

12058

CERTIFICATE OF DEATH

| led with |     |
|----------|-----|
| -        | (M) |
| 8        |     |
| ond be   |     |

filled Pages death papers. pup P0 2 2 500 physician within remove attending please any permit. gned burial-transit cafe burial, 00 

requires that the death certificate be

detached for After may be retained by the h FUNERAL DIRECTOR: A page 3 shauld be detach Board page 3 sh the State ( ile i 0

VR A15 (4)

1SM 9/59

1. PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY **b.** COUNTY Allegany MARYLAND Maryland Allegany b CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give negrest tawn) Cumberland Cumberland d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e, IS RESIDENCE OR INSTITUTION Allegany YES NO County Infirmary 1037 Frederick Street NAME OF DECEASED Middle 4. DATE Last Year Tda May Hill (Type or print) 8 DEATH 19 60 November 5 SEX 6. COLOR OR RACE 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED ☐ NEVER MARRIED ☐ 9 AGE (In years 81 yrs Months Days White 8 1879 Female DIVORCED [ WIDOWED X 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) Housewife Own home Pennsylvania U. S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William M. Wadsworth Mary Engle 17 INFORMANT P.O. BOX 599, WAS DECEASED EVER IN U. S ARMED FORCES? Addres Cumberland . Md. 16 SOCIAL SECURITY NO Allegany County Infirmary Records No. None 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditions, if ony, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 PERFORMED? YES NO A 20g ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Month. Doy, Year 20d. INJURY OCCURRED (County) (Stote) Hour o. m. foctory, street, office bldg., etc.) While Nat while at work at wark 11/8/60\_\_, 19\_\_\_, that (I) (we) last 21. I certify that (i) (this haspital) attended the deceased fram. and that death occurred at saw the deceased alive an M, fram the causes and an the date stated above 220 SIGNATURE 22b DATE SIGNED ATTENDING PHYS 60 M D. DIRECTOR X PHYS 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) James Greene St., Cumberland, Md. 23b. DATE THEREOF 23a BURIAL CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (State) 10/60 Greenmount Cemetery Cumberland. Maryland 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25b, REGISTRAR'S SIGNATURE 25a REC'D 8Y REGISTRAR Charles L. George Cumberland. DATE NOV 1 4 '60 Criting & Hours



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MAI

12059

|   |     | 211131014 01 | SIMILOHOUS RESEMBLES MILES | WEF GWD3 | TOTAL PROPERTY. |
|---|-----|--------------|----------------------------|----------|-----------------|
| 1 | 211 | 5            | CERTIFICATE                | OF D     | EATH            |
|   |     |              |                            |          |                 |

|              | LACE OF DEATH   |  |                     |                                  | 2        |                              | ENCE (Wh    | ere deceased  |                                    | on Residence befo | ore admission)                |
|--------------|---|--|---------------------|----------------------------------|----------|------------------------------|-------------|---------------|------------------------------------|-------------------|-------------------------------|
|              | . COUNTY  | Allegany   |                     | MARYLAN                          | D        | o. STATE N                   | aryla       | nd            | b. COUNTY                          | All               | egany                         |
| l            | RURAL and give  |  |                     | IGTH OF STAY IN 1                | b        |                              |             |               | rote limits, write l               | RURAL and give ne | arest fown)                   |
| -            | lintstone   |  | 1 1/                | ars                              | - 3      |                              | stone       | 3             |                                    |                   |                               |
| ٥            | I. NAME OF HOSI<br>OR INSTITUTION   | ITAL (If not in hospital, g                                | ive street address) |                                  |          | "d. STREET AI                | DDRESS      |               |                                    |                   | e. IS RESIDENCE<br>ON A FARM? |
| Re           |   | Flintstone   | ,Maryla             | nd                               |          |                              |             |               |                                    |                   | YES NO NO                     |
| 3. N         | IAME OF   | Fir  | rst                 | Middle                           | 45       | Lost                         |             | 4. DATE       | Mo                                 |                   | oy Yeer                       |
|              | Type or print)  | BERGMAN  | M                   | ILVEE                            | H.       | INKLE                        |             | DEATH         | Nov.                               | 13                | 19 60                         |
| S SE         | EX  | 6. COLOR OR RACE   | 7. MARRIED          | NEVER MARRIED                    | B. D     | ATE OF BIRTH                 |             |               | 9. AGE (In years<br>[ost birthday) |                   | IF UNDER 24 HRS               |
|              | Male  | White  | WIDOWED [           | DIVORCED                         | Mar      | rch 19,                      | 1874        | h             | 86 yrs                             | Months Days       | Hours Min.                    |
| 10a          | USUAL OCCUPAT   | ION (Give kind of work orking life, even if retired        | done 10b, KIND O    | F BUSINESS OR IN                 | IDUSTRY  | 11. BIRTHPL                  | ACE (Stote  | or fareign c  | ountry)                            |                   | F WHAT COUNTRY?               |
| <u>l</u> F   | Retired B   | armer  | Genera              | l Farming                        | 5        | Murley                       | r's Br      | anch,         | Md.                                | USA               |                               |
| <b>\3.</b> F | FATHER'S NAME   |  |                     |                                  | 1        | 4. MOTHER'S                  | MAIDEN N    | IAME          |                                    |                   |                               |
| Si           | umerfield   | l Hinkle   |                     |                                  |          | Rhoda                        | Wolf        | ord           |                                    |                   |                               |
|              | WAS DECEASED E  | ER IN U. S. ARMED FOR                                      |                     | SECURITY NO. 1                   | 7 INFOI  | RMANT                        |             |               | Add                                | lress .           |                               |
|              | 10  |  | ervicej             | 1                                | frs.     | Agnes                        | B. Hi       | nkle.         | Flintst                            | one, Mar          | vland                         |
|              |   | EATH [Enter anly one co                                    | use per line for to |                                  | . 4      |                              |             |               | 1 0                                |                   | ERVAL BETWEEN                 |
| 20           | Canditions, if gove rise to couse (o), statin lying cause las   | immediate DUE TO   |                     | BUTING TO DEATH                  | BUT NO   | T RELATED TO                 | THETERMI    | NAL DISEAS    | E CONDITION GI                     | VEN IN PART I(o)  | 19. WAS AUTOPSY               |
| Š            |   |  |                     |                                  |          |                              |             |               |                                    |                   | PERFORMED? YES NO 🔀           |
| CER          | OR CONTRIBUTION   | VAS UNDERLYING [] IG [] CAUSE OF DEATH Y MEDICAL EXAMINER) | 20b DESCRIBE H      | OW INJURY OCCU                   | RRED. (E | Enter noture of              | injury in F | Part 1 or Por | t II of item 18 }                  |                   |                               |
| MEDICAL      | 20c TIME OF INJU<br>Hour o. m<br>p m  | 10   | While N             | OCCURRED 20e<br>at while<br>work |          | OF INJURY (), street, office |             |               | or town)                           | (County           | (Stote)                       |
|              | 21 I certify that (I) (this haspital) attended the deceased from 10 30, 1960 ta 11-13-1960 that (I) (we) last sow the deceased alive an 10 30-1960 and that death accurred at 200, from the causes and an the date stated above |  |                     |                                  |          |                              |             |               |                                    |                   |                               |
|              | 20 SIGNATURE  | used differ diff   |                     | 7 dild file                      | ii dedi  | T decorred                   | 00 _ 2_     | W, HOIII      | The cooses di                      | to on the don     | 22b. DATE                     |
|              | 2 3   | John   | Keles               | D.                               | MD       | ATTENDING                    | ME DI       | D.            | STAFF<br>PHYS.                     |                   | SIGNED                        |
|              | 22c PHYSIC AN'S<br>IAME (Type)  |  |                     |                                  |          | 22d. ADDRE                   | SS          |               |                                    |                   |                               |
|              |   | 100 F 100 TV   | hnson, J            | r.M.D.                           |          | 16 Gz                        | reene       | Stree         | t, Cumbe                           | rland, M          | d.                            |
| 23a          | BURAL, CREMAT<br>REMOVAL (Special   | ON, 236 DATE THEREO  | DF 23c. N           | NAME OF CEMETER                  | Y OR C   | REMATORY                     |             | 23d. LOCA     | TION (City, town,                  | ar county)        | (Stote)                       |
| B            | urial   | Nov. 16.   | 1960 Hi             | llcrest I                        | Buri     | al Park                      | ς           | Cumbe         | rland,                             | Maryland          |                               |
| 24. F        | FUNERAL DIRECTO   | R'S SIGNATURE  |                     | DDRESS                           |          |                              |             | BY REGIST     | RAR 256 REG                        | ISTRAR'S SIGNATU  | JRE                           |
| Jo           | ohn J. Ha   | fer, Cumber  | land, Ma            | ryland                           |          |                              | DATE N      | OV 1 8        | 60                                 | 3 -4 -0 -4 -      |                               |
| -            |   |  | 7                   | 2                                |          |                              | - 11        | _, , ,        | 44                                 | 1. 1: 1           |                               |

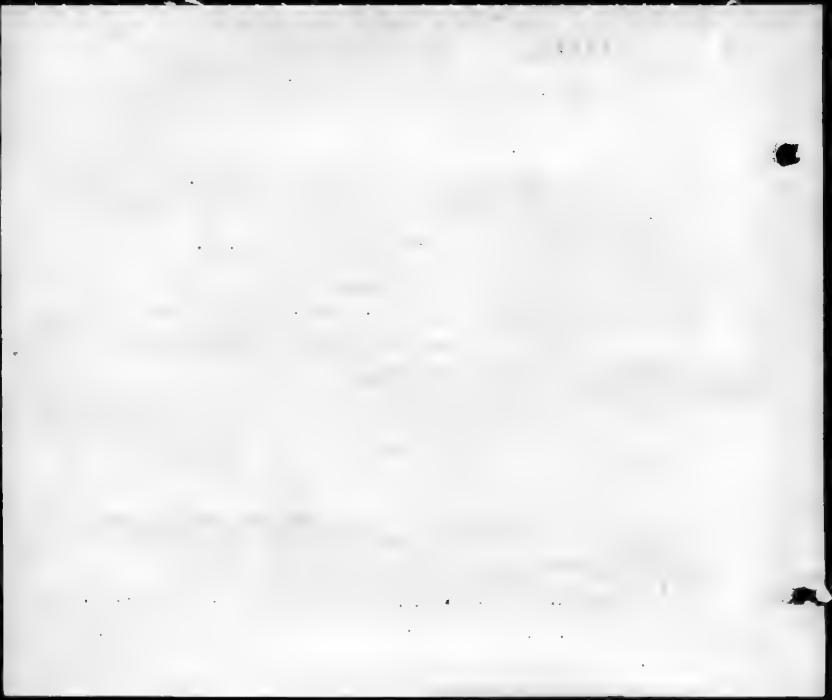
may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled with the State Board at Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 VR A1S (4) 15M II/59

1

after death. Page 4

TO HOSP!



#### MARYLAND STATE DEPARTMENT OF HEALTH 1217 Solvision of STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

| L       |  | CERTITION                       | AIE OI DEAIII  |               |
|---------|--|---------------------------------|--|---------------|
| 1.      | PLACE OF DEATH a. COUNTY ALLEGANY  | MARYLAND                        | 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission a. STATE MARYLAND b. COUNTY ALLEGANY   | )             |
|         | b CITY OR TOWN (If autside carporate limits, w<br>RURAL and give nearest town)<br>CUMBERLAND             | veite c LENGTH OF STAY IN 16    | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)  CUMBERLAND   |               |
|         | OR INSTITUTION MEMOR PARTIE HOS  |                                 | d. STREET ADDRESS  1 507 BEALL STREET  e. IS RESIDE ON A FA  | ARM?          |
| 3.      | NAME OF DECEASED (Type or print)   | RENCE L                         | JOHNSON 4. DATE Manth NOVEMBER 23 194  | 60            |
| 5       | COUNTY VILLES  | MARRIED NEVER MARRIED X         | FEBRUARY 22,1892  9. AGE (In years least bridgy) 00 yrs  On the property of th | 24 HR<br>Min. |
|         | a. USUAL OCCUPATION (Give kind of work dane<br>during mast of working life, even if retired)             | Ready Wan St                    | CUMBERLAND, MARYLAND U.S.A.  | JNTR'         |
| 13      | WILLIAM E. JOHNSO  | ON                              | JOSEPHINE GRIFFLY  |               |
|         | was DECEASED EVER IN U. S. ARMED FORCESS   |                                 | MEMORIAL HOSPITAL CUMBERLAND, MD.  |               |
|         | 1B. CAUSE OF DEATH [Enter only one couse   PART   DEATH WAS CAUSED BY   IMMEDIATE CAUSE (o)              | per line far (a), (b), and (c). | Ozulyon Interval Betwonser and Di  | /EEN          |
|         | Canditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last.          | Deabet.                         | Mellitus you   | ر<br>ب        |
| CATION  | PART I. OTHER SIGNIFICANT CONDITION  | IONS CONTRIBUTING TO DEATH BE   | JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AU PERFORM YES   19. WAS AU YES  |               |
| CERTIF  | 206. ACCIDENT WAS UNDERLYING A 206 OR CONTRIBUTING A CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | D. DESCRIBE HOW INJURY OCCUR    | RED (Enter nature of injury in Part I ar Part II af item 18.)  |               |
| MEDICAL | 20c. TIME OF INJURY Manth, Day, Year 2<br>Haur a.m.,<br>p. m. 19   |                                 | PLACE OF INJURY (Hame, farm, 20f (City or town) (County) factory, street, affice bldg , etc.)  | (Stol         |
|         | 21 I certify that (I) (this hospitol) of saw the deceased olive an III.                                  |                                 | death occurred a 45 MM from the couses and on the date stoted a  ATTENDING DIRECTOR STAFF PHYS STAFF   | ibov          |
|         | 220- PHYSICIAN'S NAME (Type) GEORGE M. SIM   | MBNS                            | 22d. ADDRESS   |               |

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 Then please remave may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending page 3 shauld be detached for use as the burial-transit permit. Then please re the State Board at Health priar to burial, crematian, ar remaval, and in any eve

after death. Page 4 the funeral director filed 8 T 2 shau

completely filled

oud

physician

Pages 1 ofter death

TO HOSP VR A15 [4] 15M 9/59

230 BURIAL CREMATION DATE THEREOF

24 FUNERAL DIRECTOR'S SIGNATURE

CEMETERY OR CREMATORY 23grh/AME OF

**ADDRESS** 

250 REC'D BY REGISTRAR NOV 2 8 '60

25b. REGISTRAR'S SIGNATURE

LOCATION (G ty, fewp, or equinty)

DATE

Chillier S. France



CERTIFICATE OF DEATH

| 1   |   | 2013  | CERTIFICA                                    | IL OI DEATH   |  |  |
|---|---|---|--|---|--|--|
| 7   | DEACE OF DEATH  |   | MARYLAND                                     | 2. USUAL RESIDENCE (Who                                       | ere deceased lived If institution, Residence<br>b. COUNTILEGAN                             | e before admission)  |
| b CITY OR TOWN (If autside carporate limits, write c LENGTH OF STAY IN 16 |   |   |  | c CITY OR TOWN (If at   | utside carporate limits, write RURAL and gi  |  |
|   | CUMBERLA  | NO,MO'  | 8 DAYS                                       | CUMBERLAND,   | MD.  |  |
|   | MEMOR PA  | AL (if not in hospital, give stree<br>WARWICK AVE | address)                                     | d. STREET ADDRESS 699 GEPHAR                                  | T DRIVE  | e IS RESIDENCE<br>ON A FARM?<br>YES NO [X  |
| 3   | NAME OF<br>DECEASED<br>(Type or print)                                | First<br>I VY                                     | Middle<br>GLADYS                             | JONES   | 4 DATE Manth OF NOVEMBER   | 22 Year<br>19 60   |
| 5   | FEMALE  | 6. COLOR OR RACE 7. MAI                           | RRIEDXX NEVER MARRIED                        | MAY 23, 1898  |  | YEAR IF UNDER 24 HRS.<br>Days Haurs Min  |
| 10  | during most of work  Inspect  | ing life, even if relified)                       | KIND OF BUSINESS OR INDUS Kelly-Tire Co      | E1401 144   | ar foreign country) 12 CiTIZ U.S   | •A •   |
| 13  | A.l.beirit  | TOOZE   |  | 14. MOTHER'S MAIDEN N.<br>ELEANOR R                           |  |  |
| 150   |   | R IN U. S. ARMED FORCES? 16                       |  | MORIAL HOSPIT   | AL , CUMBERLAND, MA  | RYLAND   |
| MOLEVI  | Canditions, if a gave rise to it couse (a), stating lying cause last. | DUE TO  (b)  (b)  (b)  DUE TO  (c)                | site of                                      | origin una  | unditoeventrated,<br>determined a  | ONSET AND DEATH  Y 4 1  1(a) 19. WAS AUTOPSY PERFORMED? YES   NO   NO   NO   NO   NO   NO   NO   N |
| CEDTIE  | 20a ACCIDENT WA<br>OR CONTRIBUTING<br>(IF EITHER, NOTIFY              | CAUSE OF DEATH MEDICAL EXAMINER)                  | SCRIBE HOW INJURY OCCURRE                    | D. (Enter nature of injury in P                               | art I ar Part II of Hem 18.)   | 10 10 2  |
| MEDICA  | 20c. TIME OF INJUR<br>Hour a.m.<br>p. m.                              | While   |  | ACE OF INJURY (Home, farm, ctory, street, affice bldg., etc.) | 20f. (City or lawn) (Co  | cunty) (State)   |
|   | saw the deceas<br>220. SIGNATURE<br>22c PHYSICIAN'S<br>SIAME (Type)   | DR. WYAND F.                                      | DOERNER, JR.                                 | ATTENDING ME DIR  22d. ADDRESS  WASHINGT                      | STAFF   12   1   1   1   1   1   1   1   1   | date stated abave.  275. DATE SIGNED   |
| L   | Burial  Funeral director.   | 11/25/60<br>S SIGNATURE                           | 23c NAME OF CEMETERY O  SS. Peter &  ADDRESS | F Paul*s  | 23d LOCATION (City, town, or county)  Cumberland, Mary By REGISTRAR   25b. REGISTRAR'S SIG |  |
|   | Charles   | L. George   | Cumberland, 1                                | Md. DATE N  | W 28 '60 arthur 9  | August   |

may be revained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filted in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon pages 1 and 2 should be filted with the State Board of Health priar to burial, cremation, or remaval, and in any event, within 2 hours ofter death. 2 ofter death. Page 4 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

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TO HOSP VR A15 (4) 1SM 9/59



VS A15ME(5) 5M 9/55

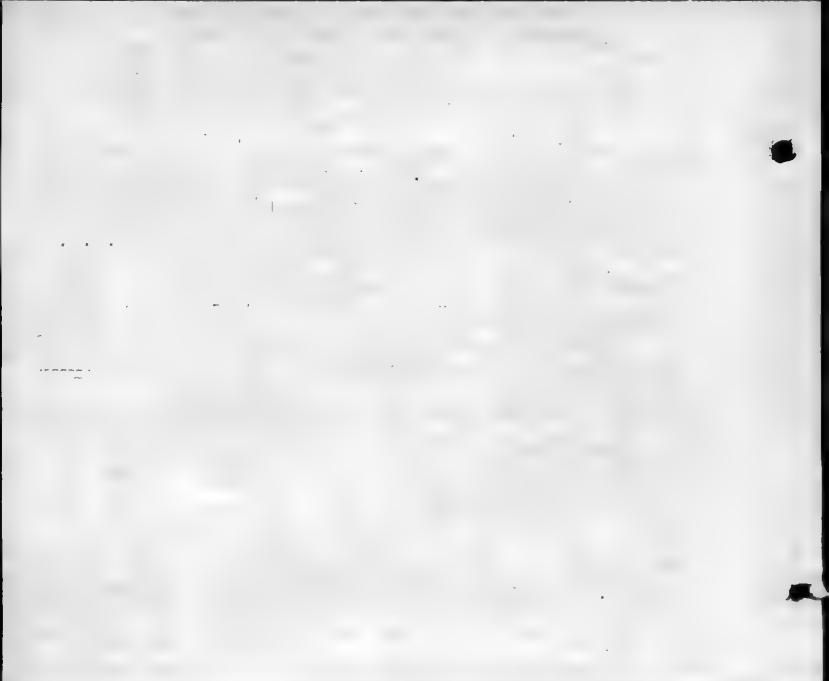
|  | 1                      |   | 1 |
|--|------------------------|---|---|
| מקיילים ליהום  | Civil ruge 4 should be | burial, crematian                                   |   |
| and 3 to the females and a second sec | runer.                 | and 2 with the registrar priar to burial, cremation | 0 |
| The factor of th | be relained for your   | and 2 with the                                      |   |

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1208 (MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12062

Reg. Dist. No.

| I. PLACE OF DEATH   | LEGANY   |                            | MARYLAND                    | 2. USUAL RE                            | MARY!                       |                        | ed lived. If insti<br>b. COUN          | otes a         | GANY                     | nission)               |
|---|--|----------------------------|-----------------------------|--|-----------------------------|------------------------|--|----------------|--------------------------|------------------------|
| and give neorest lown   | outside corporate fimilit, write<br>JMBERLAND                | RURAL                      | c. LENGTH OF STAY IN 16     | c. CITY OF                             | R TOWN (IF                  |                        | porate limits, writ                    | 111-           |                          | awn[                   |
|   | AL OR INSTITUTION (I   |                            | pital, give street address) | d. STREET                              | ADDRESS<br>ROUTE            | E # 1                  | BOX 377                                |                | 01                       | RESIDENCE<br>N A FARM? |
| 3. NAME OF<br>DECEASED<br>(Type or print)   | Firs<br>HARO   | LD                         | Middle<br>R •               | KALLMYE                                |                             | 4. DATE<br>OF<br>DEATH | NOVEMBI                                |                | 9                        | Year<br>19 60          |
| 5. SEX<br>MALE  | 6. COLOR OF RACE WHITE                                       | 7. MARRIE                  |                             | B. DATE OF BIRTI                       |                             | 6,885                  | 9. AGE (In years lost birthday) 75 yrs | Months D       | YEAR IF UN<br>Pays Haurs | DER 24 HRS.            |
| RET IRED  | a life, even if retired)                                     |                            | olidated Fue                | el M                                   | ARYLAN                      | VD OV                  | ountry)                                |                | IN OF WHA                |                        |
| 13. FATHER'S NAME   | EWIS KALLM   | YER                        | C                           | J4. MOTHER'S                           |                             | EN WHE                 | TZEL                                   |                |                          |                        |
| 15. WAS DECEASED EVE<br>(Yes. no. or unknown)   | ER IN U. S. ARMED FOR<br>(If you give war or dates of a      | ervica)                    | +-01-3768                   | MEMOR                                  | IAL HO                      | OSPITA                 | Addres<br>L=CUMBEI                     |                | MARYLA                   | IND                    |
| PART I. DEAT  | TH Enter only one count H WAS CAUSED BY: IMMEDIATE CAUSE (a) | e per line f               |                             | LUSION                                 |                             |                        |  |                | ONSET AND D              |                        |
| Canditions, if are gave rise to immed (a), stating the warms last.  | liate cause  |                            | CORONARY SCI                | EROSIS                                 |                             |                        |  |                | # co d                   |                        |
| CATIO   |  | TIONS CO                   | NTRIBUTING TO DEATH BUT     | NOT RELATED TO                         | THE TERMI                   | NAL DISEASE            | CONDITION G                            | IVEN IN PART   |                          | ORMED?                 |
| TOO. EXTERNAL CAU<br>PRIMARY OF CON<br>CAUSE OF DEATH.  | ISE WAS<br>NTRIBUTING []                                     | . DESCRIBE                 | HOW INJURY OCCURRED. (      | Enter nature of in                     | njury in Part               | Lar Port II            | of item 18.)                           |                |                          |                        |
| ZOc. TIME OF INJUR<br>Hour a.m.<br>p. m.  | Y Month, Day, Yea  | 20d. It<br>While<br>of wor | Not while foc               | CE OF INJURY (<br>tory, street, affici | Home, form,<br>bldg., etc.) | 20f. (City             | ar tawn)                               | (Caun          | rty)                     | (State)                |
| 21. I certify that I took charge of the remains described above, held an Autopa. , Inspection , Inquiry , and find death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause . |  |                            |                             |  |                             |                        |  |                | find that                |                        |
| ACTUAL SIGNATURE  | enedict  | Sk                         | tarelie)                    | M.D.                                   | MEDICAL EX                  |                        |  |                |                          | SIGNED                 |
| EXAMINER'S DE   | R. BENEDICT  | SKITA                      | ARELIC                      |  |                             | XAMINER E              |  | NOVEM          | BER 19                   | , 1960                 |
| 220. BURIAL, CREMATION<br>REMOVAL (Specify)<br>Burial.  | N, 225. DATE THEREOF   |                            |                             | metery                                 |                             |                        | tion (City, town,<br>khart,            | or county)     |                          | id.                    |
| 23. FUNERAL DIRECTOR  | SSIGNATURE   |                            | ADDRESS                     | NT J                                   |                             | OV 2 2 1               |  | SISTRAR'S SIGN | NATURE                   |                        |

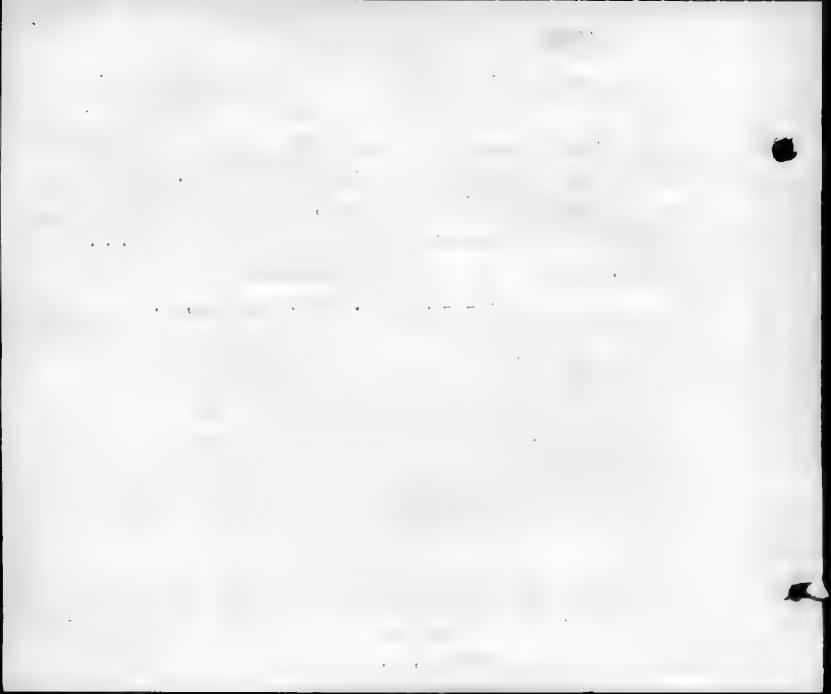


VR A15 (4) 15M 9/59

I

| 1211                     | G CERTIFICA | TE OF DEA                     |
|--------------------------|-------------|-------------------------------|
| PLACE OF DEATH o. COUNTY | MARYLAND    | 2 USUAL RESIDENCE<br>o. STATE |

|         |  |   |                              |                        |          |  | - 14      |                        |  |                                  |                  |           |                  |  |
|---------|--|---|------------------------------|------------------------|----------|--|-----------|------------------------|--|----------------------------------|------------------|-----------|------------------|--|
|         | PLACE OF DEATH<br>o. COUNTY  | ogany   |                              | MARY                   | LAND     | 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Allegany |           |                        |  |                                  |                  |           |                  |  |
|         |  | outside corporate limits,   | write                        | c. LENGTH OF STAY      | IN 16    |  |           | outside corpo          | rote limits, write f                           | RURAL ond                        | give neo         | rest town | 1                |  |
|         | OR INSTITUTION   | AL (If not in hospitot, give<br>State Road  | street ac                    | ddress)                |          | d. STREET ADDRESS  on State Road  yes  |           |                        |  |                                  |                  |           |                  |  |
| 3.      | NAME OF<br>DECEASED<br>(Type or print)   | John fint   | ľ                            | Middle<br>dmund        |          | Kight  |           | 4. DATE<br>OF<br>DEATH | Nov.   | nth                              | 15               | •         | Year<br>19 60    |  |
|         | sex<br><b>Male</b>   | White   | MARRIE                       | NEVER MARRIE           |          | DATE OF BIRTH  | 1883      |                        | 9. AGE (In years<br>lost birthdoy)<br>7 7 yts. | Months                           | R 1 YEAR<br>Days |           | R 24 HRS<br>Min. |  |
| 100     | USUAL OCCUPATION  during most of work  Laborer   | N (Give kind of work don-<br>ing life, even if retired)   | _                            | IND OF BUSINESS O      | R INDUST | IRY 11. BIRTHPL  | _         | or foreign co          | ountry)  |                                  | S.A              | WHATC     | OUNTRY?          |  |
|         | FATHER'S NAME  |   |                              |                        |          | 14. MOTHER'S   | MAIDEN N  | AAME                   |  |                                  |                  |           |                  |  |
|         | Charles A.   | Kight   |                              |                        |          |  | a Gil     | bert                   |  |                                  |                  |           |                  |  |
|         |  | R IN U. S. ARMED FORCES<br>(If yes, give war or dates of servic   | m)                           |                        |          | ORMANT   |           |                        | Ade  | dress                            |                  |           |                  |  |
|         | no   |   | 21                           | <u>6-05-6164</u>       | Mı       | s. John  | E. K      | ight-                  | likep, M                                       | d                                |                  |           |                  |  |
|         |  | TH [Enter only one couse<br>TH WAS CAUSED 8Y:<br>IMMEDIATE CAUSE (o)  | per line                     | for (a), (b), and (c). | al       | sta  | A4.5A     |                        |  | INTERVAL BETWEEN ONSET AND DEATH |                  |           |                  |  |
|         | Conditions, if ony, which by anterior clear to Cardiovascular disease years  |   |                              |                        |          |  |           |                        |  |                                  |                  |           |                  |  |
|         | gave rise to it couse (a), stating lying couse lost.   | mmediate DUE TO   | 3/2                          | ionic &                | non      | . Chias  | L Q       | esth                   | md   |                                  |                  | Jaa       | <u> </u>         |  |
| CATION  | PAUL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) THE WAS ALTOPS PERFORMED? YES NOT |   |                              |                        |          |  |           |                        |  |                                  |                  |           | RME D?           |  |
| CERTIF  | OR CONTRIBUTING  | 20a ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18 ) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) |                              |                        |          |  |           |                        |  |                                  |                  |           |                  |  |
| MEDICAL | 20c. TIME OF INJUR<br>Hour o.m.<br>p.m.  | 10  | 20d. 1N.<br>While<br>of work | Not while              |          | CE OF INJURY (S<br>ory, street, office   |           |                        | or town)                                       |                                  | (County)         |           | (State)          |  |
|         | 1 '  | it (I) (this hespital) of sed alive an Oct.   | ittende                      |                        |          | eath occurred  |           |                        | the causes a                                   |                                  |                  |           |                  |  |
|         | 220 SIGNATURE  | mily  | W.                           | (R                     |          | ATTENDING PHYS   | S M M     | ED RECTOR              | STAFF<br>PHYS.                                 |                                  | ١                |           | SIGNED           |  |
|         | 22c PHYSICIAN'S<br>NAME (Type)   | ILES JR.  | . N                          | 1.D.                   |          | 22d. ADDRE   | 3110      | uco,                   | mng  | h                                | id.              |           |                  |  |
| 23      | BURIAL, CREMATIO<br>REMOVAL (Specify)  | 11/18/60  |                              | 23c NAME OF CEM        | ETERY OR | CREMATORY  |           | 23d LOCA               | TION (GIY, 10 mg                               | orkounty)                        | F                | 15101     | 01-              |  |
| 24      | FUNERAL DIRECTOR   |   | Wes                          | ADDRESS                | 183      |  | 25a. REC' | D BY REGIST            | TRAR 256 REG                                   | ISTRAR'S S                       |                  |           | t                |  |



| <u> </u>      |  |                                 |               |             |  |          |                                      |          |              |                                 | Keg. D        | 191, 140     | ·a                           |  |  |  |
|---------------|--|---------------------------------|---------------|-------------|--|----------|--------------------------------------|----------|--------------|---------------------------------|---------------|--------------|------------------------------|--|--|--|
| 1.            | PLACE OF DEATH                                 |                                 |               |             |  |          |                                      | NCE (V   | Vhere decea  | sed lived. If Insti             |               | ence bef     | ore admission)               |  |  |  |
| L             |  | llegany                         |               |             | MARYLA                                 | ND       | o. STATE Maryland b. COUNTY Allegany |          |              |                                 |               |              |                              |  |  |  |
|               | b. CITY OR TOWN (If a mind give negotiat town) | outside corporate fimits, writi | RURAL         | c. LENG     | TH OF STAY IN                          | lb       |                                      |          |              |                                 |               |              |                              |  |  |  |
|               | Cumberland                                     |                                 |               | -           |  |          | Oldtown                              |          |              |                                 |               |              |                              |  |  |  |
|               | d. NAME OF HOSPITA                             | L OR INSTITUTION (              | If not in hos | pital, give | street address)                        |          | d. STREET ADDRESS  e. 15 RESIG       |          |              |                                 |               |              |                              |  |  |  |
| _             | Memorial                                       | Hospital                        |               |             |  |          | P.                                   | 0 E      | ox 15        |                                 |               |              | YES NO I                     |  |  |  |
| 3.            | NAME OF<br>DECEASED                            | Fin                             | ut            |             | Middle                                 |          | Lost                                 |          | 4. DATE      | Mor                             | ih            | Day          | Year                         |  |  |  |
|               | (Type or print)                                | Charle                          | 28            | En          | orv                                    | Ki       | mble                                 |          | DEATH        | November                        | 29            |              | 1960                         |  |  |  |
| 5.            | SEX  | 6. COLOR OR RACE                | 7. MARRI      | DE NE       | VER MARRIED                            | 8. D     | ATE OF BIRTH                         |          |              | 9. AGE (In years lost birthday) | IFUNDER       |              | IF UNDER 24 HRS.             |  |  |  |
| 1             | Male   | White                           | WIDOWE        |             | DIVORCED 🔲                             | Se       | pt. 3. 1                             | 1933     |              | 27 yr                           |               | Days         | Hours Min.                   |  |  |  |
| 100           | J. USUAL OCCUPATION                            | N (Give kind of work            | done 10b. #   | IND OF B    | USINESS OR IND                         |          |                                      |          |              | country]                        | 12. CITI      | ZEN OF       | F WHAT COUNTRY               |  |  |  |
| 1 -           | Laborer  | inte, aren ir remedi            | Deor          | ge Co       | onst. Co                               |          | Landis,                              | We       | st Vi        | rginia                          | U             | INSA.        | X USA                        |  |  |  |
| 13            | FATHER'S NAME                                  |                                 |               |             |  |          | . MOTHER'S MA                        |          |              |                                 |               |              |                              |  |  |  |
|               | Okey Kimb                                      | le                              |               |             |  |          | Beaulah                              | ı Al     | t            |                                 |               |              |                              |  |  |  |
|               | . WAS DECEASED EVE                             | R IN U. S. ARMED FO             |               | SOCIAL SE   | CURITY NO. 1                           | 7. INFO  | RMANT                                |          |              | Addre                           | P.O.B         | OX ·         | 15                           |  |  |  |
| Ĺ             | NO   | in your give more or added as   | 2             | 27-         | 38-5716                                | r s      | Charle                               | s E      | . Kim        |                                 |               |              | Maryland                     |  |  |  |
|               | 18 CAUSE OF DEAT                               | H [Enter only one cau           | se per line   |             |  |          |                                      |          |              |                                 | 1             | INTER        | TVAL BETWEEN                 |  |  |  |
|               | PART I. DEATH                                  | WAS CAUSED BY:                  | Į             | fremia      | a.                                     |          |                                      |          |              | P                               | - A           | -            | -/ Davs                      |  |  |  |
|               | 以名山  | O DUE TO                        |               |             |  |          |                                      |          |              |                                 | 7             |              |                              |  |  |  |
|               | Conditions, if on                              | y, which (b)                    |               | Merci       | ry Pois                                | oni      | ng                                   |          |              |                                 |               | 7            | -8 Days                      |  |  |  |
|               | gove rise to immedi<br>(o), stating the us     | ale couse                       |               |             |  |          | <u> </u>                             |          |              |                                 |               |              |                              |  |  |  |
|               | couse last.                                    | (c)                             |               |             |  |          |                                      |          |              |                                 |               |              |                              |  |  |  |
| 중             | PART II. OTHE                                  | R SIGNIFICANT CON               | DITIONS CO    | NTRIBUT     | G TO DEATH BE                          | JT NOT   | RELATED TO THE                       | E TERMI  | NAL DISEAS   | E CONDITION G                   | VEN IN PAR    | T 1(a) 19    | 9. WAS AUTOPSY<br>PERFORMED? |  |  |  |
| ZY            |  |                                 |               |             |  |          |                                      |          |              |                                 |               | Y            | YES TO NO                    |  |  |  |
| CERTIFICATION | 20g. EXTERNAL CAUS                             | SE WAS                          | b. DESCRIBE   | HOW IN      | URY OCCURRED                           | ). {Enle | r noture of injury                   | in Por   | t or Port II | of item 16.)                    |               |              |                              |  |  |  |
|               | PRIMARY OF CON CAUSE OF DEATH.                 | IKIBOTING LI                    |               |             |  |          |                                      |          |              |                                 |               |              |                              |  |  |  |
| MEDICAL       | 20c TIME OF INJURY                             | Month, Day, Yea                 |               |             |  | PLACE    | OF INJURY (Hom                       | ne, fare | 20f. (City   | y or lawn)                      | {Cou          | unty)        | (State)                      |  |  |  |
| MED           | Hour o. m.<br>p. m.                            | 19                              | While at wo   | rk 🔲 et     | ************************************** | ocidi y, | allipot, without bic                 | A. a.c.  | <b>'</b>     |                                 |               |              |                              |  |  |  |
|               | 21. I certify the                              | ot I took charge                | of the r      | emoins      | described a                            | bove     | , held on A                          | utops    | y 🔀 . I      | nspection 🔀                     | Inquir        | y <b>5</b> 2 | , and find tho               |  |  |  |
|               | death resulted                                 | from: Notural                   | couses [      | , Acc       | ident 🔲, 🖠                             | Suicid   | le 🔲, Hom                            | nicide   |              | ndetermined                     |               |              |                              |  |  |  |
|               |  | 2                               |               |             |  | 1        |                                      |          | _            |                                 |               |              |                              |  |  |  |
|               | SIGNATURE                                      | enoche                          | オト            | k.T.        | aralu                                  | 1/1      | LD. CHIEF MEDI                       | ICAL EX  | AMINER [     |                                 |               |              | DATE SIGNED                  |  |  |  |
|               |  |                                 |               |             |  |          | ASSISTANT                            | MEDIC    | AL EXAMINE   | ER 🔲                            |               |              |                              |  |  |  |
|               | EXAMINER'S<br>NAME (Type)                      | Benedict S                      | Skitar        | elic        | H.D.                                   | _        | DEPUTY ME                            | DICALI   | EXAMINER [   | Ži.                             | Nov           | . 31         | 0, 1960                      |  |  |  |
| 220           | BURIAL CREMATION<br>REMOVAL (Specify)          | , 226. DATE THEREO              | F             | 22c. NAM    | E OF CEMETERY                          | OR CR    | EMATORY                              |          | 22d LOCA     | TION (City, tawn                | or county)    | -            | (State)                      |  |  |  |
|               | Burial   | Dewember                        | 2. 19         |             |  | mor      | ial Ceme                             | eter     | y Al         | legany C                        | ounty,        | Ma:          | ryland                       |  |  |  |
|               | FUNERAL DIRECTOR'S                             |                                 | ,             | ADDI        | RESS                                   |          |                                      | a. REC'i | D BY REGIST  | TRAR 24b. REC                   | SISTRAR'S SIG | GNATUR       |                              |  |  |  |
| ŧ             | John J. Haf                                    | er, Cumber                      | land,         | Mary        | land .                                 |          | D/                                   | ATE      | DEC 12       | 50                              | Co shut a     | 8. 7h        | and                          |  |  |  |

VS A15ME(5) SM 9/55



# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

19000

| 1,500  |                              | 0. 22   |                                   |   |
|--|------------------------------|---|-----------------------------------|---|
| 1. PLACE OF DEATH  |                              | 2. USUAL RESIDENCE (WH  | ere deceased lived. If instituti  | ion: Residence before admission)            |
| ALLEGANY   | MARYLAND                     |   | YT.AND                            | ALLEGANY                                    |
| b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  | c. LENGTH OF STAY IN 16      |   | utside corporate limits, write R  |   |
| CUMBURLAND   | 5days_                       | CUMBER  | LAND                              |   |
| d. NAME OF HOSPITAL (If not in hospital, give street<br>OR INSTITUTION   | a) oddress)                  | 4. STREET ADDRESS   |                                   | e IS RESIDENCE<br>ON A FARM?                |
| SACRED HEART   |                              | 214 F   | AYETTE STREET                     | YES NO                                      |
| 3 NAME OF First DECEASED   | Middle                       | Lost  | 4. DATE Mon                       | nth Day Year                                |
| (Type or print) LTLLIAN  | MARIE                        | LAWLER  | DEATH                             | 11 28 19 60                                 |
| S. SEX 6. COLOR OR RACE 7 MA   | RRIED NEVER MARRIED          | B. DATE OF BIRTH  | 9 AGE (In years<br>lost birthday) | IF UNDER 1 YEAR IF UNDER 24 HRS             |
| FEMALE WHITE WIDOW   | WED DIVORCED                 | 3-25-79.2   | 68.                               | Months Days Hours Min.                      |
| 10d USUAL OCCUPATION (Give kind of work done 10l during most of working life, even if retired)   | b. KIND OF BUSINESS OR INDL  | STRY 11. BIRTHPLACE (Stole                                      | or foreign country)               | 12. CITIZEN OF WHAT COUNTRY                 |
| HOUSEWIFE  | Own Home                     | Marylan   | d                                 | USA   |
| 13. FATHER'S NAME  |                              | 14. MOTHER'S MAIDEN N   |                                   |   |
| Frederick Laing  |                              | Catherin  | e Long                            |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 [Yes, no, or unknown) [(if yes, give wor or dollar of service)]                              | 6. SOCIAL SECURITY NO. 17. I | NFORMANT  |                                   | lress                                       |
| No   | None A1                      | bert Lawler   | 214 Faveti                        | te St. Cumb. M                              |
| 18. CAUSE OF DEATH [Enter only one couse per   |                              |   |                                   | INTERVAL BETWEEN                            |
| PART I. DEATH WAS CAUSED BY:   | rebral Vascular              | Accident nr   | oh. thromboeis                    | ONSET AND DEATH                             |
| 1-43 V DUE TO  | right hemisph                | ere   |                                   | t days                                      |
| Conditions, if any, which  | pertenisve and               |   | tic Cardiovasc                    |   |
| gove rise to immediate couse (o), storing the under-   | disease with c               |   |                                   | nd  |
| lying couse last (c)   |                              | al strokes.   |                                   | years                                       |
| Z PART II. OTHER SIGNIFICANT CONDITIONS  | CONTRIBUTING TO DEATH BU     | T NOT RELATED TO THE TERM                                       | NAL DISEASE CONDITION GIV         | VEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? |
| 2  |                              |   |                                   | YES NO                                      |
| PART II. OTHER SIGNIFICANT CONDITIONS  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH  U (IF EITHER, NOTIFY MEDICAL EXAMINER) | ESCRIBE HOW INJURY OCCURRI   | ED. (Enter noture of injury in                                  | Port I or Port II of item 18.)    |   |
|  |                              |   |                                   |   |
|  | L                            | LACE OF INJURY (Home, form<br>actory, street, office bldg , etc |                                   | (County) (State                             |
| Hour o.m.  p, m,  19  While  | le Not while ork at work     | records arrest arrest stag t ore                                | **                                |   |
| 21 1 certify that (I) (this haspital) after  | nded the deceased from       | November 22 19  | 60 to November                    | 28.19 60 that (I) (we) las                  |
| saw the deceased alive an Novemb   |                              |   |                                   |   |
| 22a STONATURE  |                              |   |                                   | 22b, DATE                                   |
| Aryand & Gvenny  | ME                           |   | ED STAFF RECTOR PHYS              | 11-30-50                                    |
| NAME (Type)  |                              | 22d. ADDRESS  |                                   |   |
| W.F. DOERNER   | _M_D                         | ALGONO  | UINIKITY B                        | UILDING, CITY                               |
| 230 BURIAL, CREMATION 236 DATE THEREOF   | 23c NAME OF CEMETERY         | OR CREMATORY  | 23d LOCATION (City, town,         |   |
| REMOVAL (Specify)  Rurial Dec. 1, 1960   | S.S.Peter &                  | Paul Cem.   | Cumberland                        | Md.   |
| 24. FUNERAL DIRECTOR'S SIGNATURE   | ADDRESS                      | nd Md 250. REC'   | D BY REGISTRAR 256. REG           | ISTRAR'S SIGNATURE                          |
| Charles L. Georg   | je, Cumberla                 | nd, Md. patiec  | 2 '60   Clad                      | lun I Henry                                 |

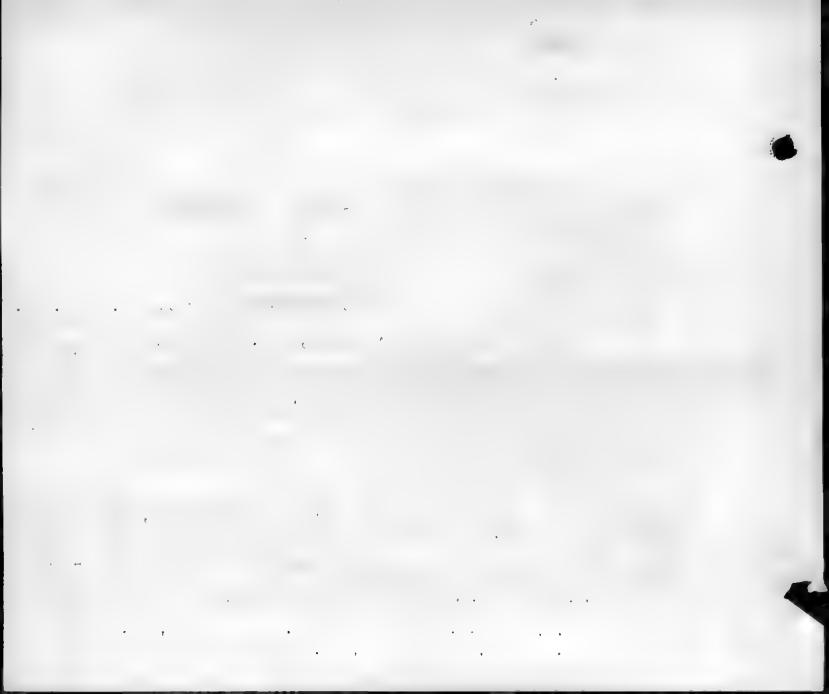
OR ATTENDING FINYSICIAN: Till Iam requires that the death certificate be executed within 24 h. may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending priscian and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 the State Board of Health priar to burial, cremation, ar remayal, and in any event, within 72 haurs after death.

VR A1S (4) 1SM 9/59

rafter death. Page 4

and 2 should be filed with



#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

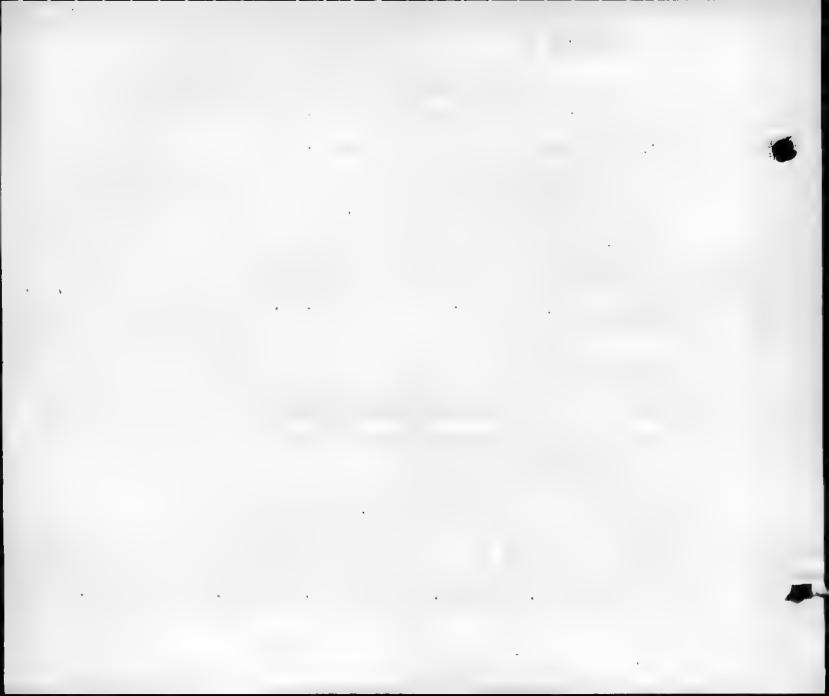
12065

| L  | 12117  | CERTIFICA                                    | IE OF D                               | EAIH           |                     |                      |              |               |                      |  |  |  |
|--|--|--|---------------------------------------|----------------|---------------------|----------------------|--------------|---------------|----------------------|--|--|--|
| Ī  | PLACE OF DEATH a. COUNTY   |  | 2 USUAL RESID                         | DENCE (Whe     | re deceased         | lived If institution | on Residence | before adm    | nission)             |  |  |  |
| 1  | Allegany   | MARYLAND                                     | J. SIAIL                              | Marvl          | and                 | b COUNTY             | Alle         | gany          |                      |  |  |  |
| F  | b CITY OR TOWN (If outside corporate timits, write RURAL and give nearest town)                                      | c LENGTH OF STAY IN 1b                       | c. CITY OR 1                          | rOWN (If ou    | tside corpor        | rote limits, write R | URAL ond gr  | ve nearest to | own)                 |  |  |  |
|  |  | years  | Rural                                 | , near         | · Cumb              | erland               |              |               |                      |  |  |  |
|  | Rural, near Cumberland d NAME OF HOSP TAL (If not in hospitol, give street of OR INSTITUTION                         | oddress)                                     | STREET A                              | DDRESS         | -                   |                      |              | ON            | RESIDENCE<br>A FARM? |  |  |  |
| =  | RT. 1. Valley Road   |  | Rt. 1                                 | val.           | ey Ro               | ad                   |              | 163           | D NO L               |  |  |  |
| 3.   | NAME OF First DECEASED   | Middle                                       | Los                                   | 1              | 4. DATE<br>OF       | Mon                  |              | Doy           | Year 6               |  |  |  |
| -  | (Type or print) HARRIET  | BEATRICE                                     | LILLER                                |                |                     | November             |              | VEARING 15    | 19 0                 |  |  |  |
| ٦.   |  | ED NEVER MARRIED                             | B. DATE OF BIRTI                      | 4              |                     | lost birthdoy)       | Months [     | Doys Hou      |                      |  |  |  |
| L  | Female White WIDOWE  | <u>~                                    </u> | Feb. 11,                              | 1895           |                     | 65 yrs.              |              |               |                      |  |  |  |
| 10   | <ul> <li>USJAL OCCUPATION (Give kind of work done 10b 1<br/>during most of working life, even if retired)</li> </ul> | KIND OF BUSINESS OR INDU                     | STRY 11, BIRTHPL                      | ACE (Stole o   | r fareign co        | ountry)              | 12 CITIZ     | EN OF WHA     | T COUNTRY            |  |  |  |
| F  | ractical Nurse   |  | McDow                                 | ell. V         | /irgin              | ia                   | USA          | 1             |                      |  |  |  |
|  | FATHER'S NAME  |  | 14. MOTHER'S                          | MAIDEN N       | AME                 |                      |              |               |                      |  |  |  |
|  | John Botkin  |  | Unkno                                 | นกา            |                     |                      |              |               |                      |  |  |  |
|  | WAS DECEASED EVER IN U. S. ARMED FORCES? 16 S  | SOCIAL SECURITY NO. 17.1                     | NFORMANT                              | *****          |                     | Addi                 | ess Cumb     | erlan         | d. Md                |  |  |  |
| 0  | (If yes, give wor or dates of service)   | 7-30-1562 Joh                                | n lillar                              | R+             | 1 770               | lley Roa             | _            |               |                      |  |  |  |
| H  |  |  | ir TTTTEL                             | 9 110+         | 1, 70               | tilley rea           | ,,           | 1 shammar a s | 057,115511           |  |  |  |
|  | 18 CAUSE OF DEATH [Enter only one couse per lin  |  |                                       |                | BETWEEN<br>ND DEATH |                      |              |               |                      |  |  |  |
|  | PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)   |  |                                       | 44             | K3_                 |                      |              |               |                      |  |  |  |
| Conditions, if any, which) (b) Change Conquetur Heart Techna |  |  |                                       |                |                     |                      |              |               |                      |  |  |  |
|  |  | GA   | c -3.                                 |                |                     |                      |              |               |                      |  |  |  |
|  | gove rise to immediate Couse (a), stating the under-   | ^  |                                       | _              | -                   | -                    |              |               |                      |  |  |  |
|  | lying couse last. (c) Generalized arthrogenessis   |  |                                       |                |                     |                      |              |               |                      |  |  |  |
| 2  | PART II. OTHER SIGNIFICANT CONDITIONS CO   | ONTRIBUTING TO DEATH BUT                     | NOT RELATED TO                        | THE TERMIN     | IAL DISEASI         | CONDITION GIV        | EN IN PART   | 1(o) 19. W    | AS AUTOPS            |  |  |  |
| NOITAL   | D'14 111157 R  | 1.11+  |                                       |                | 7.                  | 15.                  |              |               | REORMED?             |  |  |  |
| 14   | 20- ACCIDENT WAS LINDEDLYING TO 1206 DESC  | RIBE HOW INJURY OCCURRE                      | D (Enter noture o                     | E INIUCY IN P  | ort I or Port       | I of item 1B )       |              |               | land to the          |  |  |  |
| CEPT   | OR CONTRIBUTING CAUSE OF DEATH   |  | ,                                     |                |                     |                      |              |               |                      |  |  |  |
| MEDICAL  | 20c TIME OF INJURY Month, Doy, Year 20d IN   |  | ACE OF INJURY ( ctory, street, office |                |                     | or town)             | (Co          | ounly)        | (Stat                |  |  |  |
| AFI  | Hour o.m. While of work  | Not while                                    | ciory, aireai, orrior                 | r brog., etc., |                     |                      |              |               |                      |  |  |  |
|  | 21   certify that (I) (this haspital) attended   | ad the deceased from                         | 1.0                                   | 10.5           | 2 10                | Nov                  | 10/0/        | 1 that (      | \ lum\ l=            |  |  |  |
|  | saw the deceased alive an 11- LZ   |  |                                       |                |                     |                      |              | - ,           |                      |  |  |  |
|  | 220. SIGNATURE   | 1760 and that                                | death accurred                        | 0 01 % 3=      | MI, Tram            | the causes an        | d an the     | date stat     | 22b.DATE             |  |  |  |
|  | Without of In  |  | M.D. PHYS                             |                | ECTOR [             | STAFF<br>PHYS.       |              |               | SIGNE                |  |  |  |
|  | 22c. PHYSICIAN'S<br>NAME (Type)  |  | 22d. ADDRI                            |                |                     | 0                    |              |               |                      |  |  |  |
|  | William P. Iame  | s, M.D.                                      | 441                                   | . Cen          | ter S               | t., Eumbe            | erland       | , Md.         |                      |  |  |  |
| 2  | BURIAL, CREMATION, 236 DATE THEREOF  | 23c NAME OF CEMETERY C                       | R CREMATORY                           | 1              | 23d. LOCAT          | ION (City, town, o   | or county)   | (5            | state)               |  |  |  |
|  | Burial 11/28/60  | Davis Memoria                                | al Park                               |                | Allega              | any Count            | ty, Mai      | ryland        | i                    |  |  |  |
| 24   | FUNERAL DIRECTOR'S SIGNATURE   | ADDRESS                                      |                                       |                | BY REGIST           |                      | STRAR'S SIGI | NATURE        |                      |  |  |  |
|  | John J. Hafer, Cumberland  | . Marvland                                   |                                       | DATE DE        | C 1 '6              | 10 a                 | thur 8.      | thous         |                      |  |  |  |
| F  | DOING OF HELLOT OWNER TANK   | J Live J Live Live                           |                                       | DAIL -         | T 1 T               |                      | , ,,,,,,,    |               | J- 1-                |  |  |  |

and 2 should be filed with after death Page 4 TO HOSP OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 has be retained by the haspital an ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages Ne the State Board of Health prior to burial, cremation, ar remaval, and in any event, with n 72 haurs ofter death.

VR A15 (4) 15M 9/59



VR A15 (4) 15M 9/59

I

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

|         | PLACE OF DEATH<br>o COUNTY   | Allogar  | ıy                | MARYLAND                 |                      | Maryl  |                        | hved If institution  b. COUNTY | 4 2 2              | before odmi | ssion)              |  |  |
|---------|--|--|-------------------|--------------------------|----------------------|--|------------------------|--------------------------------|--------------------|-------------|---------------------|--|--|
|         | RURAL ond give no  |  | 5                 | /26/58                   | (3                   | c. CITY OR TOWN (If outside corporate limits, write RURAL and give not comberland d. STREET ADDRESS. |                        |                                |                    |             |                     |  |  |
|         | OR INSTITUTION   | 7.7  |                   | Infirmary                | 120                  |  | s Par                  | t. Nat.                        | Hwy.               | ON          | A FARM?             |  |  |
| 1       | NAME OF<br>DECEASED<br>(Type or print)                                 | Fin<br>Edw   | ard               | Middle<br>J •            | Logad                | ost  | 4. DATE<br>OF<br>DEATH | Moni<br>Novembe                |                    | Day 19.     | Year<br>19 60       |  |  |
|         | Male   | 6 COLOR OR RACE White                              | 7 MARRIED WIDOWED | NEVER MARRIED   DIVORCED | 8. DATE OF BIR       | <sub>тн</sub><br>880   | 9                      | 80 yrs.                        | Months De          | Oys Hours   |                     |  |  |
| R       | during most of work  | N (Give kind of work of ing life, even if retired) |                   | OF BUSINESS OR INDU      | ad) Cum              |  | nd, Ma                 | ryland                         |                    | S.          |                     |  |  |
|         | He   | nry T. Lo  | gsdon             |                          | Sa                   | rah Si   | mysin,                 | g                              |                    |             |                     |  |  |
| 15.     |  | R IN U.S. ARMED FOR                                |                   |                          | nformant P<br>11egan |  |                        | nfirmar                        | ··· Cumb<br>·y Rec |             | nd,Md.              |  |  |
|         | Conditions, if or gove rise to ir couse (a), stoting lying couse lost. | nmediate (   | tra               | reapile<br>nio-ser       | TK.                  | B-12 ,   | e, s                   | exel                           | -                  | ONSET AN    |                     |  |  |
| CATION  | PART II. OTH   | ER SIGNIFICANT CON                                 | DITIONS CONTR     | IBUTING TO DEATH BU      | NOT RELATED          | O THE TERMIN   | NAL DISEASE            | CONDITION GIV                  | EN IN PART 1       | PERF        | ORMED?              |  |  |
| CERTIFI | 200 ACCIDENT WA<br>OR CONTRIBUTING<br>(IF EITHER, NOTIFY               | S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER      | 20b DESCRIBE      | HOW INJURY OCCURRE       | D. (Enter noture     | of injury in P   | orl I or Port          | II of item 1B.)                |                    |             |                     |  |  |
| MEDICAL | 20c TIME OF INJURY<br>Hour a.m.  | Y Month, Day, Yea                                  |                   | Not while fo             | ACE OF INJURY        |  |                        | or fown)                       | (Cox               | inty)       | (State)             |  |  |
|         |  |  |                   | ne deceased from (a)     | 5/26/5<br>ded in 32m |  |                        | 1/19/60<br>he causes and       |                    |             |                     |  |  |
|         | 220 SIGNATURE  | cellens  | TO                |                          | M.D PHYS.            | ZIL DIE  | RECTOR X               | STAFF X                        | ]                  | 1/21        | 26. DATE<br>/60 NED |  |  |
|         | 22c. PHYSICIAN'S<br>NAME (Type)  | Dr. Lee  | B. Mat            | hows                     | 22d. ADD             |  | ene S                  | t., Cum                        | berla              | ind,        | Md.                 |  |  |
| L       | BURIAL, CREMATIO   | 11/23/   | 60 3              | NAME OF CEMETERY OF      | L Jan                | P Con  | Cher                   | ON (City town, a               | me C               | 200         | ote)Q               |  |  |
| 24      | FUNERAL DIRECTOR   | S SIGNATURE  | uc Ci             | ADDRESS )                | 20                   |  | OV 22                  |                                | Inthur S.          |             |                     |  |  |



VS A15 (4) 15M 10/57

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|---|------|--|
|   | PA   |  |
| Į | [AT] |  |
| 1 |      |  |

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12084

#### **CERTIFICATE OF DEATH**

12067

Reg. Dist. No.

|   | PLACE OF DEATH  | lle                 | gany                          |            | MARY                      | LAND            | 2. USUAL RES                      |                             | here decease           | d lived If in<br>b. COI |                      | 4 7 7  | e q a           |         | on]       |
|---|---|---------------------|-------------------------------|------------|---------------------------|-----------------|-----------------------------------|-----------------------------|------------------------|-------------------------|----------------------|--|-----------------|---------|-----------|
|   | b. CITY OR TOWN (If o<br>RURAL and give near<br>Cumberlar   | est town)           | porate limits                 | write      | c. LENGTH OF STAY         | IN 1b           |                                   | TOWN (If                    |                        | orate limits, w         | rite RU              |  |                 | ~       |           |
|   | d. NAME OF HOSPITAL<br>OR INSTITUTION<br>1040 Bed 1   | (If not in          | St                            | e street i | oddress)                  |                 | 1040                              |                             | ord S                  | St.,                    |                      |  |                 | ON A    | FARM?     |
|   | NAME OF<br>DECEASED<br>(Type or print)  | Fre                 | Find<br>deric                 | ka         | Middle<br>Mary            |                 | Loibe                             | :1                          | 4. DATE<br>OF<br>DEATH | ľ                       | Manth                |  | ο <sub>αγ</sub> |         | eor 60    |
| 5.  | Female  | Whi                 | 4 0                           | 7. MARR    | IED NEVER MARRI           |                 | Dec.                              |                             | 893                    | 9. AGE (In last by the  | rears<br>loy)<br>yrs | Months   | 1 YEAR<br>Days  | Hours   | Min       |
| 10  | USUAL OCCUPATION during most of working Housewill   | g life, eve         | d of work do<br>n if retured) | 1 .        | KIND OF BUSINESS OWN home | R INDUS         |                                   |                             |                        | rylar                   | ıd                   |  | . S             |         | COUNTRY?  |
| 13.   | FATHER'S NAME   |                     | ·                             |            |                           |                 | 14 MOTHER                         | S MAIDEN                    | NAME                   |                         |                      |  |                 |         |           |
|   | Joseph  | Cut                 | ter                           |            |                           |                 |                                   | lea n                       | Bobe                   |                         |                      |  |                 |         |           |
| 15.   | WAS DECEASED EVER I   | N U. S. A           | RMED FORC                     | ES? 16.    | SOCIAL SECURITY NO        | . 17. IN        | FORMANT                           |                             | <del></del>            |                         | Addre                | "Cum   | her             | lani    | d. Md     |
| (T)   | No.   |                     | or dates of sen               |            | None                      | Mr              | Johr                              | J.                          | Loibe                  | 1 104                   | 0 1                  | Bedf   | ord             | St      | 1         |
|   | 18 CAUSE OF DEATH   | -                   |                               |            |                           |                 | , ,                               |                             |                        |                         |                      |  |                 | T AND   |           |
|   | PART 1. DEATH   | WAS CA<br>WMEDIATE  | CAUSE (o)_                    | 64         | Hererack                  | Sox             | in He                             | onh                         | Disi                   | an. S.                  |                      |  |                 |         |           |
|   | 490.0   |                     | DUE TO                        |            |                           |                 |                                   |                             |                        |                         |                      |  |                 |         |           |
|   | Conditions, if ony,   |                     | (b)_                          |            |                           |                 |                                   |                             |                        |                         |                      |  |                 |         |           |
| gave rise to immediate Course (a), stating the under OUE TO |   |                     |                               |            |                           |                 |                                   |                             |                        |                         |                      |  |                 |         |           |
| lying couse last. (c)                                       |   |                     |                               |            |                           |                 |                                   |                             |                        |                         |                      |  |                 |         |           |
| ATION   | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART THE |                     |                               |            |                           |                 |                                   |                             |                        |                         | 1(c) 19              | (c) 19. WAS AUTOPSY<br>PERFORMED?<br>YES NO PR |                 |         |           |
| CERTIFICATION   | 200 ACCIDENT WAS OR CONTRIBUTING  | UNDERLYI<br>CAUSE ( | NO 1                          | bb. DESC   | CRIBE HOW INJURY O        | CCURRED         | . (Enter nature                   | of injury in                | Part 1 or Par          | rt II of item 1         | 3)                   |  |                 | יני ניי | , NO E    |
|   | (IF EITHER, NOTIFY MI   |                     |                               | 1          |                           |                 |                                   | ***                         |                        |                         |                      |  |                 |         |           |
| MEDICAL   | 20c. TIME OF INJURY<br>Have a, m,<br>p, m,  | Month,              | Day, Year                     | White      | Not white                 | 20e PLA<br>faci | CE OF INJURY<br>ary, street, offi | (Home, form<br>ce bldg., en | m, j 20f. (Cih<br>c.)  | y or lawn)              |                      | (C   | aunty)          |         | (State)   |
|   | 21. I certify that  | Votten              | ded the c                     | lecens     | ed from 9/1               | <u></u>         | , 1957                            | to                          | 11/5                   | 10                      | les                  | that I I                                       | out to          | u the c | deceased  |
|   | alive on 3  | 15-1                | oco me e                      | 106        |                           | death           | occurred a                        |                             |                        | m the caus              |                      |  |                 |         |           |
|   | dive on   | 1                   |                               |            | C. C. C. C.               | ocum            | 45                                |                             |                        | treet, city or          |                      |  | ie dan          |         | TE/SIGNED |
|   | ACTUAL<br>SIGNATURE   | Euro.               | $\mathcal{N}_{-}$             | The        | 2.2.                      |                 |                                   | _                           |                        | re St                   |                      | ,  |                 | 11/7    | 160       |
|   | PHYSICIAN'S W-  | 14                  | am P                          | LE         | mes M.D.                  | N               | Cu                                |                             | land,                  |                         |                      |  |                 |         |           |
| 220   | BURIAL CREMATION.   | 22b. D≜             | TE THEREOF                    |            | 22c. NAME OF CEM          | TERY OF         | CREMATORY                         |                             | 122d 10CA              | TION (City, Id          | 3wn                  | country  |                 | (State  |           |
|   | REMOVAL (Specify) Burial  | 11/                 | 8/60                          |            | SS. Pet                   |                 |                                   | * S                         | ~                      | berla                   |                      |  | rvla            |         |           |
| 23.   | FUNERAL DIRECTOR'S  | IGNATUR             | 0/00                          |            | ADDRESS                   | - L             | Luba                              |                             | O BY REGIS             |                         |                      | RAR'S SIG                                      | N               | _       |           |
|   |   |                     | eorg                          | e (        | Cumberlan                 | d, I            | Wid.                              |                             |                        | '60                     |                      | ال سالية                                       |                 |         |           |

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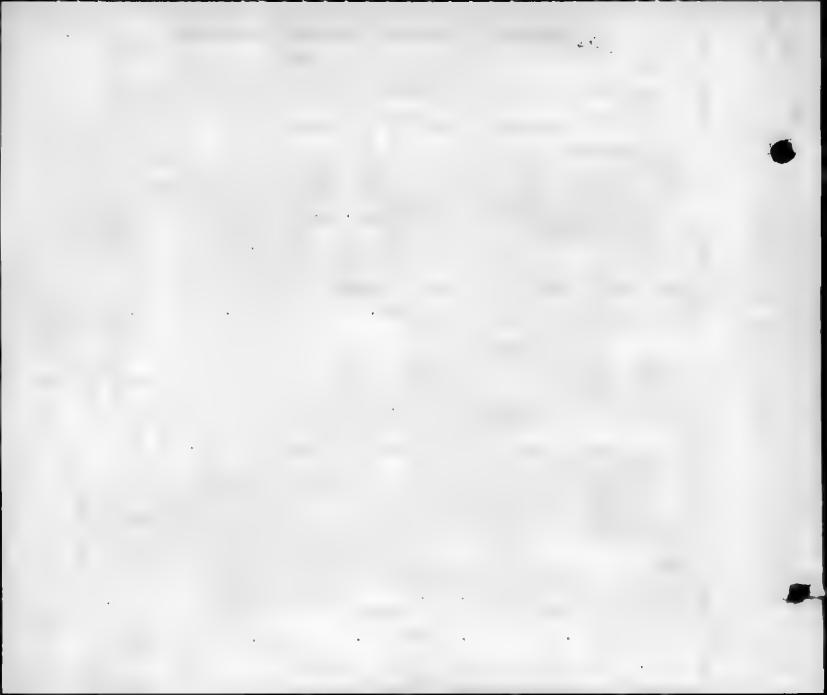
VS. A15ME(5) 5M 9/55 O

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1200 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12069

Reg. Dist. No.

|  | LACE OF DEATH  |   |                  |  | 2. USUAL RESIDENCE (Where deceased lived. If Institution; Residence before admission) |                             |                   |   |             |            |                          |  |  |  |  |
|--|--|---|------------------|--|---|-----------------------------|-------------------|---|-------------|------------|--------------------------|--|--|--|--|
| 1 °  | . COUNTY   | Allegany                                      |                  | MAR  | o. STATE  | farvland                    | b. COUN!          | M A7                                    | legar       | יער        |                          |  |  |  |  |
| / b.   | CITY OR TOWN III   | outside corporate limits, write               | e RURAL          | c. LENGTH OF STAY  | 1N 16   | c. CITY OR TOV              | WN (If outside co | rporate limits, write                   | RURAL and   | give near  | est town)                |  |  |  |  |
|  | Cumberlan  | d   |                  | vea  | 77.0  | Cumberland                  |                   |   |             |            |                          |  |  |  |  |
| d  |  | L OR INSTITUTION (                            | If not in hosp   |  |   | d. STREET ADDI              | 10.               | . IS RESIDENCE                          |             |            |                          |  |  |  |  |
|  | 7  | ford Stree                                    | ·                |  |   | 158 Bedford Street YES NO F |                   |   |             |            |                          |  |  |  |  |
| 3. 1   | NAME OF<br>DECEASED  | Fir   | st               | Middle   |   | Lost                        | 4. DATE           | Mont                                    | th          | Doy        | Year                     |  |  |  |  |
|  | Type or print)   | MYRTL   | E                | JENNIE   | MEF   | RILL                        | DEATH             | November                                | 25          |            | 19 60                    |  |  |  |  |
| 5. SI  | EX   | 6. COLOR OR RACE                              | 9. AGE (In years | IFUNDER  |   | UNDER 24 HRS.               |                   |   |             |            |                          |  |  |  |  |
|  | Female   | White   | WIDOWED          | "Selection of the selection of the selec | - 10 C  | pt. 17, 1                   |                   | lest birthdoy) 74 yrs.                  | Months      | Derys He   | ours Min.                |  |  |  |  |
| 10a,   | USUAL OCCUPATIO<br>uring most of working   | N (Give kind of work a life, even if retired) | done 10b. Ki     | IND OF BUSINESS OF   | INDUST  | 11. BIRTHPLACE              | (State or foreign | country)                                | 12 CITI     | ZEN OF W   | HAT COUNTRY              |  |  |  |  |
|  | lousewi  |   |                  | Home   |   | 27 1 0                      |                   | pennsylva                               | nia         | USA        |                          |  |  |  |  |
| 13.  | FATHER'S NAME  |   |                  |  |   | 14. MOTHER'S MAII           | DEN NAME          |   |             |            |                          |  |  |  |  |
|  | David  | Keifer  |                  |  |   | Dilla M                     | Inliesn           | Barthal                                 | O1/         |            |                          |  |  |  |  |
| 15   | WAS DECEASED EVE   | R IN U. S. ARMED FO                           | RCES? 16. S      | OCIAL SECURITY NO  | . 17. IN  | FORMANT                     | CLEAN DOCK        | Address                                 |             |            |                          |  |  |  |  |
| (Tes,  | no, or unknown)  | (If yet, give war or dates of                 |                  | none   | Tres  | Ray Fran                    | kanhanm           | v. Cresap                               | t 01 m      | Manual and |                          |  |  |  |  |
|  |  | H Enter only one cau                          |                  |  | 161,5   | Hay Fran                    | Wellhert          | y, Oresan                               | DOMIL       | Maryland   |                          |  |  |  |  |
|  | PART I. DEATI  | H WAS CAUSED BY                               |                  |  |   | 1 000                       |                   |   |             | ONSET AN   | lden                     |  |  |  |  |
|  | 1150   | IMMEDIATE CAUSE (a)                           |                  | oronary Oc   | CTUS  | TOH                         |                   |   |             | Duc        | acen                     |  |  |  |  |
|  | ナン(  | DUE TO  |                  | -  |   |                             |                   |   |             |            |                          |  |  |  |  |
|  | Canditions, if an  |   |                  | Coronary   | Scle  | rosis                       |                   |   |             |            |                          |  |  |  |  |
|  | (a), stating the underlying DUE TO   |   |                  |  |   |                             |                   |   |             |            |                          |  |  |  |  |
|  | couse lost.  | ) (c)   |                  |  |   |                             |                   |   |             | 1          |                          |  |  |  |  |
| PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) |  |   |                  |  |   |                             |                   |   |             | 1(o) 19. V | VAS AUTOPSY<br>ERFORMED? |  |  |  |  |
| 3  |  |   |                  |  |   |                             |                   |   | -           | YE\$       |                          |  |  |  |  |
| CERTIFICATION  | 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF CONTRIBUTIN |   |                  |  |   |                             |                   |   |             |            |                          |  |  |  |  |
|  | 20c. TIME OF INJUR   | Y Month, Day, Yea                             | y 20d IN         | NJURY OCCURRED 12  | Me PLAC   | E OF INJURY (Home           | - form   205 (C)  | ty or town)                             | {Cou        | and a      | (State)                  |  |  |  |  |
| MEDICAL  | Heer o.m.  | 19  | White of work    | _ Not while _  | focto   | ry, street, office bldg     | ]., elc.)         | ty or town,                             | 1000        | 1117)      | (21014)                  |  |  |  |  |
|  | 21. I certify the  | at I taak charge                              | of the re        | emains describe  | d abov  | e, held an Au               | tapsy .           | Inspection X                            | . Inquir    | y K), a    | nd find that             |  |  |  |  |
| - 1 - 1  |  | fram: Natural                                 | -                |  |   |                             |                   | Jndetermined                            |             | / hand/ "  |                          |  |  |  |  |
| .  |  | 1   | 1                | /  | ,   | , , , , , ,                 |                   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |             | •          |                          |  |  |  |  |
|  | ACTUAL   | Sandin  | + 14             | 1-1-   | 1   | CHIEF MEDIC                 | CAL EXAMINER T    | 1                                       |             | D          | ATE SIGNED               |  |  |  |  |
|  | SIGNATURE  | CEMERIC                                       | 1 H              | uasile   | <del>/_</del>   | Mrn.                        | MEDICAL EXAMIN    | -                                       |             |            |                          |  |  |  |  |
|  | EXAMINER'S B   | enedict Sk                                    | itarel           | ic. M.D.   |   |                             |                   | -V                                      | 1           | . 70       | V 0                      |  |  |  |  |
|  | 1174114 (17)007  |   |                  |  |   |                             | ICAL EXAMINER     |   |             |            | 960                      |  |  |  |  |
|  | REMOVAL (Specify)  | 1, 22b. DATE THEREO                           | F 2              | 22c. NAME OF CEMET   | ERY OR  | CREMATORY                   | 22d. LOC          | ATION (City, town,                      | or county)  |            | (State)                  |  |  |  |  |
|  | rial   | Nov. 27,                                      | 1960             |  | Met   |                             | ry Mt. S          | Bavage, M                               | arylan      | d          |                          |  |  |  |  |
|  | FUNERAL DIRECTOR'S   |   |                  | ADDRESS  |   | 24a.                        | REC'D BY REGIS    |   | STRAR'S SIG |            |                          |  |  |  |  |
| J  | ohn J. Hai   | fer, Cumber                                   | rland,           | Maryland   |   | DA                          | TE MENUE          |   | 2           | - Comming  |                          |  |  |  |  |



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

12070

|   | 120  | 86   | CERTIFICA                       | ALE OF DEATH                            |                                       |                                       |                        |               |                    |  |  |  |  |
|---|--|--|---------------------------------|---|---------------------------------------|---------------------------------------|------------------------|---------------|--------------------|--|--|--|--|
|   | 1. PLACE OF DEATH COUNTY ALLEGANY  |  | MARYLAND                        | 2. USUAL RESIDI                         | NCE (Where decease<br>AND             | d lived If institution b. COUNTX      | n: Residence<br>LLEGAN | before admis  | sion)              |  |  |  |  |
| 1 | CUMBERLAND,  | corporate limits, write c. t.  | 114 DAYS                        |   | WN (If outside corpo                  |                                       | JRAt ond give          | e nearest tow | n)                 |  |  |  |  |
| } | OR IMEMORIAL (IF PO  | WARWICK AVE.   | 255)                            | STREET AD                               | ON A                                  | FARM?                                 |                        |               |                    |  |  |  |  |
|   | 3. NAME OF<br>DECEASED<br>(Type or print)  | First<br>JOHN  | Middle<br><b>H</b> .            | Last<br>M1LL                            | ER 4. DATE OF DEATH                   | NOVEM                                 |                        |               | Yeor<br>19 60      |  |  |  |  |
|   |  | OR OR RACE 7. MARRIED [  TE WIDOWED 7.   | NEVER MARRIED DIVORCED DIVORCED | 8. DATE OF SIRTH<br>NOVEMBE             | R 7,1889                              | 9 AGE (In years last birthday) 7 yrs. |                        | EAR IF UND    | ER 24 HRS.<br>Min. |  |  |  |  |
|   | 10a USLAL OCCUPATION (G've during mast of working life, a RETITED Yard   | even if retired)   | of Business or Indu             |   | CHOICE,                               |                                       | U.S                    | •A•           | COUNTRY?           |  |  |  |  |
| 1 | 13. FATHER'S NAME  |  |                                 | 14. MOTHER'S A                          |                                       |                                       |                        |               |                    |  |  |  |  |
| ) | EMMANUEL   | MILLER   |                                 | ARMA                                    | NDA FLEEGI                            | LE                                    |                        |               |                    |  |  |  |  |
|   | 15. WAS DECEASED EVER IN U. S<br>(Yes no or unknown) (If yes, give   | war or dates of service)   | AL SECURITY NO. 17 I            | MEMORIAL                                | HOSPITAL,                             | Addr<br>CUMBERLA                      |                        |               |                    |  |  |  |  |
|   |  | er only one cause per line for   | (o), (b), and (c).]             |   |                                       | •                                     |                        | INTERVAL 8    |                    |  |  |  |  |
|   | PART I. DEATH WAS  | CAUSED 8Y:<br>ATE CAUSE (g)  | - Thud                          | regulated.                              |                                       |                                       |                        | ONSET AND     |                    |  |  |  |  |
|   | Condition on one which gave rise to immediate couse (a), storing the under to out (a), storing the under to out (b). |  |                                 |   |                                       |                                       |                        |               |                    |  |  |  |  |
|   | lying couse lost.  | lying couse lost. (c)  |                                 |   |                                       |                                       |                        |               |                    |  |  |  |  |
|   | PART II. OTHER SIGN  20g. ACCIDENT WAS UNDER  OR CONTRIBUTING  CAUS  (IF EITHER, NOTIFY MEDICAL                      | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN N PART 1(1) 19 WAS ALTOPSY PERFORMED?  YES NO 13   |                                 |   |                                       |                                       |                        |               |                    |  |  |  |  |
|   |  | SE OF DEATH  | HOW INJURY OCCURRI              | ED. (Enter noture of                    | injury in Port I or Por               | t II of item 18.)                     |                        |               |                    |  |  |  |  |
|   | 20c. TIME OF INJURY Manif  | While  |                                 | LACE OF INJURY (History, street, office | ome, form, 20f. (City<br>bldg., etc.) | y or town)                            | (Cou                   | inty)         | (State)            |  |  |  |  |
|   | 21. 1 certify that (I) (the saw the deceased alive   | 21. 1 certify that (1) (this haspital) attended the deceased fram. (10 the first of |                                 |   |                                       |                                       |                        |               |                    |  |  |  |  |
|   | 220 SIGNATURE  | engl. S  | eerreth                         | M D ATTENDING                           | MED. DIRECTOR                         | STAFF PHYS                            |                        |               | SIGNED             |  |  |  |  |
|   | 22c. PHYSICIAN'S<br>NAME (Type) DR   | . CLAY E. DURF   | RETT                            | 22d. ADDRES                             | s later                               | 6 , 6                                 | 1.                     | · 24 = 1      | 1/23               |  |  |  |  |
|   | REMOVAL (Specify)  | DATE THEREOF 23€   | NAME OF CEMETERY                | ~                                       |                                       | TION (City, town, o                   | . 1                    | (Sto          | te)                |  |  |  |  |
|   | 24 FUNERAL DIRECTOR'S SIGNA  | 200  | Hose Hill                       | Cem                                     | 25a REC'D BY REGIS                    | erland,                               | CI<br>STRAR'S SIGN     | ATLIRE        |                    |  |  |  |  |
|   |  |  | erland, d                       |   | DATE NOV 2 9 '8                       |                                       | Elwa 2. A              |               |                    |  |  |  |  |

Safter death. Page 4 the funeral director, should be filed with may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic an and campletely filled page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and backed backed far use as the burial-transit permit. Then please remave carban papers. Pages 1 the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death TR ATTENDING FILYSICIAN: The law requires that the death certificate be elecuted within 21

TO HOSP VR A1S (4) 1SM 9/59



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### MARYLAND STATE DEPARTMENT OF HEALTH 1918 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

|           | II WOULD CE   | KIIFICAI         | OF DE                             | AIR        |                                   |                                  |  |                     |                             |
|-----------|---|------------------|-----------------------------------|------------|-----------------------------------|----------------------------------|--|---------------------|-----------------------------|
| 1. [      | PLACE OF DEATH ALLEGANY   | MARYLAND 2       | USUAL RESID                       | MARYL      | A ND                              | ived. If institutio<br>6. COUNTY |  | before adm<br>EGANY |                             |
| ŧ         | b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  CUMBERLAND  4 DA                                  | YS (             | . 7                               | OWN (III O |                                   | le limits, write RL              | mits, write RURAL and give need  TREET  Month  NOVEMBER 2  GE (In years   IF UNDER 1 YEAR bisthdoy)  46 yrs.  Manths Doys  12 CITIZEN OF  U.S.  R  Address  UMBERLAND MD  INTERIT NONS  INTERIT NONS | e nearest to        | wn)                         |
| 1         | OR INSTITUTION MEMORIAL HOSPITALES MEMORIAL & WARWICK AVES.   |                  | d STREET AL                       |            | RRISON                            | STREET                           |  | e IS R<br>ON<br>YES | ESIDENCE<br>A FARM?<br>NO 🛣 |
|           | NAME OF DECEASED (Type or print)  KATHER I NE   | Middle Lupton    | NA V                              | Ξ,         | 4. DATE<br>OF<br>DEATH            |                                  |  | Day                 | Year<br>1960                |
| 5 \$      | FEMALE   6 COLOR OR RACE   7 MARRIED   NEVER  | MARRIED 3.       | JUNE 14                           |            | <sup>9</sup>                      | lost birthdoy)                   |  | _                   |                             |
| ŀ         |   | Hospital         | CUM                               | BERLA      | ND, MD                            |                                  |  | S.A.                | COUNTRY                     |
| 3.        | FATHER'S NAME FRED SMITH  |                  | 14. MOTHER'S CAT                  |            | <sup>ame</sup><br>E <b>SHAF</b> I | FER                              |  |                     |                             |
|           | WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECU  | RITY NO. 17 INFO |                                   | AI HO      | SPITAL                            |                                  |  | ID.                 |                             |
|           | 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b),   | and (c) ]        | T. C. C. C. C. C.                 | WE TIO     | 71 1 1 14 <u>F</u>                | <u> </u>                         | HIATT - IN   | INTERVAL            | BETWEEN                     |
|           | PART I. DEATH WAS CAUSED BY Multiple  |                  |                                   |            |                                   |                                  |  | ONSET AN            |                             |
|           | Conditions, if any, which gove rise to immediate DUE TO   | rombi            | ation.                            | acute      | post-                             | mi t.ral                         |  |                     |                             |
| CATION    | PART II. OTHER SIGNIFICANT CONDITIONS CHANGE IN SUIT TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? |                  |                                   |            |                                   |                                  |  |                     |                             |
| CERTIF C. |   |                  |                                   |            |                                   |                                  |  |                     |                             |
| MEDICAL   | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCUP. Hour a. m. 19 While Not whi of work at work at work                         | flan             | OF INJURY (F<br>y, street, office |            |                                   | er town)                         | (Co  | unty)               | (Stote                      |
|           | 21. I certify that (1) (this haspital) attended the decision the deceased alive an 11/2 19 6  | eased fram       | LO/25<br>th accurred              |            | 60 to                             |                                  |  |                     |                             |
|           | 220 S GNATURE   | м.с              | ATTENDING                         | MI DI      |                                   | STAFF<br>PHYS                    |  | - /                 | 226 DATE<br>\$ GNED         |
|           | Samuel M. Jacobson, M. D.   |                  | 50 Pe                             |            | g St.                             | Cumberl                          | and, N   | ld.                 | -                           |
|           | REMOVAL (Specify)   | OF CEMETERY OR C |                                   |            |                                   | , , , ,                          | _ ,,   |                     | tote)                       |
|           | urial Nov. 5, 1960 Rose   | Hill Cem         | e cery                            | 250 Dr.C   | BY REGISTR                        |                                  |  |                     |                             |
|           | John J. Hafer, Cumberland, Mary   |                  |                                   | DATE NI    |                                   |                                  |  |                     |                             |
|           | Collis a limbor a accumor manner A  |                  |                                   | WOIL BILL  | 337 7 D                           | J. J.                            |  |                     |                             |

ofter death. Page 4 with the funeral director, and 2 should be filed may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic an and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 he State Board at Health prior to burial, cremation, or remaval, and in any event within 72 haurs after death. OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24

VR A1S (4) 1SM 9/59

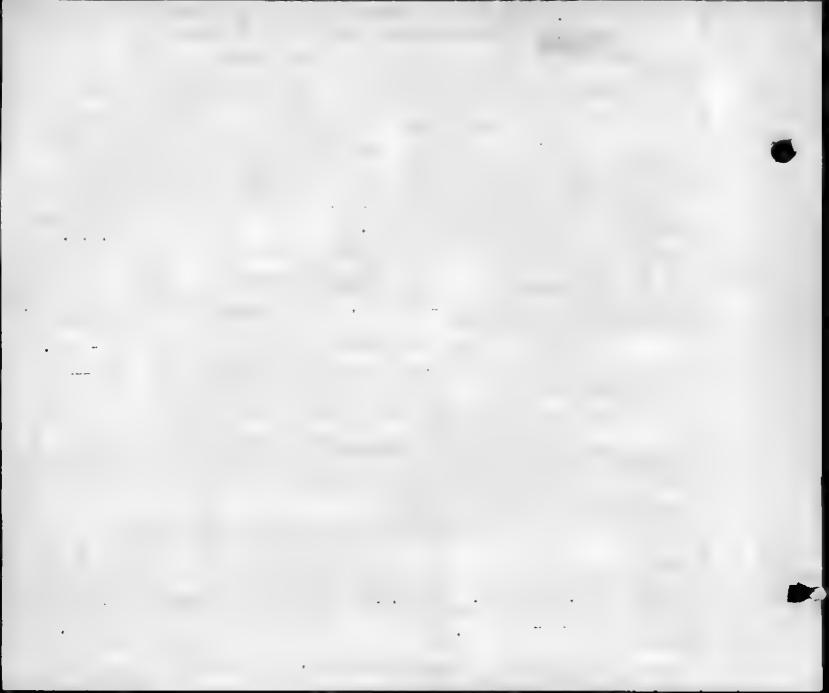


VS. A15ME(5) 5M 9/55 20

| MARY  | LAND STA | TE DEPARTME | NT OF HEALTH | -BALTIMORE, | 18 |
|-------|----------|-------------|--------------|-------------|----|
| 1210M | EDICAL   | EXAMINER'S  | CERTIFICATI  | OF DEATH    | R  |

Reg. Dist. No.

| PLACE OF DEATH o. COUNTY  |                   |                            | 2. USUAL RESIDENCE (V              | Where decea    |                                 |   | ce before admis | sion)    |
|---|-------------------|----------------------------|------------------------------------|----------------|---------------------------------|---|-----------------|----------|
| Allegany  |                   | MARYLAN                    | o. STATE Marv]                     | land           | b. COUNT                        | All                                     | egany           |          |
| b. CITY OR TOWN (If exhibe corporate limits and give necess town)                 | , write RURAL     | c. LENGTH OF STAY IN 1     | b c. CITY OR TOWN (II              | outside cor    | porale limits, write            | RURAL and                               | ive nearest low | n)       |
| Frostburg   |                   | Lifetime                   | Frostbur                           | rg             | 96                              |   |                 |          |
| d. NAME OF HOSPITAL OR INSTITUTIO   | N (If not in hosp | ital, give street address) | d. STREET ADDRESS                  |                |                                 | 1                                       |                 | SIDENCE  |
| 73 Bowery Stre  | et                |                            | 73 Bower                           | cy St          | reet                            | /                                       |                 | NO-      |
| NAME OF<br>DECEASED   | First             | Middle                     | lost                               | 4. DATE<br>OF  | Mont                            |   | Day Ye          |          |
| (Type or print) WILLIAM   |                   | ALBERT                     | PATTON                             | DEATH          | 11                              | 2'                                      | / 19            | 60.      |
| SEX 6. COLOR OR RA  | ACE 7. MARRIES    | NEVER MARRIED              |                                    |                | 9. AGE (in years lost birthday) |   | YEAR IF UNDE    |          |
| M   | WIDOWED           | DIVORCED [                 | 5-11-1911                          |                | 49 yn.                          | Months D                                | ays Hours       | Min,     |
| a. USUAL OCCUPATION (Give kind of w<br>during most of working life, even if retir | ork dane 10bKI    | NO OF TUSINESS OF MADE     | STRY 11. BIRTHPLACE (Slote         | ar fareign (   | country)                        |   | EN OF WHAT      | OUNTRY   |
| ol Dve Assembly   |                   | ublic Stee                 |                                    |                |                                 |   | U.S.A.          |          |
| . FATHER'S KIAME  |                   |                            | 14. MOTHER'S MAIDEN                | VAME           |                                 |   |                 |          |
| Albert Patton   |                   |                            | Marie Bri                          | ınner          |                                 |   |                 |          |
| . WAS DECEASED EVER IN U. S. ARMED  |                   | OCIAL SECURITY NO. 17      | . INFORMANT                        |                | Address                         |   |                 |          |
| No None   |                   | 7-10-5267                  | Mrs. Olive                         | Patto          | n.73 Bo                         | werv.                                   | Frostb          | urg.     |
| 18. CAUSE OF DEATH [Enter only one  |                   |                            |                                    |                |                                 |   | NTERVAL BETWEE  | N        |
| PART I. DEATH WAS CAUSED &  | IY:               | CODOMADY OF                | CATURETON DEAN                     | P771)          |                                 |   | ONSET AND DEAT  | H        |
| LAL 3 O 1 DUE   |                   | - CURUNARY U               | OCLUSION, RIGH                     | N.C.           |                                 |   | 2-4 Hr          | 8.       |
| Conditions, If any, which)  | ₽)                | Coronary a                 | sclerosis with                     | thro           | mbosis                          |   |                 |          |
| gave rise to immediate couse  | . —               |                            |                                    |                |                                 |   |                 |          |
| (a), stating the underlying DUE   | (c)               |                            |                                    |                |                                 |   |                 |          |
| PART II. OTHER SIGNIFICANT OF THE PRIMARY OF CONTRIBUTING CAUSE OF DEATH.         |                   | STRIBUTING TO DEATH BU     | T NOT RELATED TO THE TERM          | NALDISEAS      | E CONDITION GI                  | VEN IN PART                             | (a) 19 WAS A    | UTOPSY   |
|   |                   |                            |                                    |                |                                 |   | PERFOR          | NO 🗍     |
| 200. EXTERNAL CAUSE WAS   | 20b. DESCRIBE     | HOW INJURY OCCURRED        | . (Enter nature of injury in Par   | t I or Port II | of item 18.1                    |   | 1.00            | 140 []   |
| 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.                   |                   |                            |                                    |                |                                 |   |                 |          |
| 20c. TIME OF INJURY Month, Day<br>Hour a. m.                                      | , Year 20d, IN    | IJURY OCCURRED   20e. P    | PLACE OF INJURY (Home, form        | n. 120f. (Cit  | y or town)                      | (Cauni                                  | lvi             | (State)  |
| Hour a. m.  | While             | Not while f                | octory, street, office bldg., elc. | .)             |                                 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 71              | (        |
| p. m.   |                   | t at work                  | hava hald on Autoni                |                | . —                             | h .                                     |                 |          |
| 21. I certify that I took cho   | _                 |                            |                                    | 1 Page         | nspection 🔀                     |   | x, and f        | ind that |
| death resulted from: Natur  | al causes         | Accident [],               | buicide [], Homicide               | . [_], U       | ndetermined (                   | cause [_].                              |                 |          |
| ACTUAL ///  | mol               | lin 1                      |                                    |                |                                 |   | DATE SI         | GNED     |
| SIGNATURE /   | 4/                | 419                        | M.D. CHIEF MEDICAL E               |                |                                 |   |                 |          |
| EXAMINER'S  |                   |                            | ASSISTANT MEDIC                    |                | _                               |   |                 |          |
| NAME (Type) W. U. MC  | Lane, jR          |                            | .ass TOEPUTY MEDICAL               |                |                                 |   | 7, 1960         |          |
| o. BURIAL, CREMATION, 22b. DATE THE   | EREOF             | IZC. NAME OF CEMETERY      |                                    |                | TION (City, town,               | or county)                              | (State)         |          |
| Bhrial  | 1-T900            |                            | 1s Cemetery                        | Fros           | tburg                           |   | 14d.            |          |
| FUNERAL DIRECTOR'S SIGNATURE  | Hafer             | Funeral Ho                 | me 240. REC                        | D BY REGIST    |                                 | STRAR'S SIGN                            |                 |          |
| enter & Montesant   | 23 E              | Main Fros                  | thure Made                         | 1 '60          | 1 **                            | r & three                               | 4.6             |          |



V

1. 191

b. 6

d. I

NA DE

5. SEX

10a. t S 13. F/

15. W [Yes. no

9 (1

MEDICAL CERTIFICATION 20 PI C

SM

2 d

**EXAMINER'S** 

22a. BURIA, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 11/5/60

23. FUNERAL DIRECTOR'S SIGNATURE

Charles

NAME (Type) RENEDICT SKTTARELIC, M.D.

L. George

|  | MARYL  | AND S             | TATE DEPAR                | TME      | NT OF HEALT   | H-BA           | LTIMORE,                        | 18        |            |            |         |
|--|--|-------------------|---------------------------|----------|---|----------------|---------------------------------|-----------|------------|------------|---------|
| 120                                    | 88 ME  | DICA              | L EXAMINI                 | ER'S     | CERTIFICA   | TE OF          | DEATH                           | Reg. C    | Dist. No.  | 120        | 73      |
| CE OF DEATH                            |  |                   | MARY                      | LAND     | 2. USUAL RESIDENCE (                                      |                |                                 | 5.4       | dence befo | ore admiss | ion)    |
| ETY OR TOWN (if a                      | utside corporate limits, write                       | RURAL             | c. LENGTH OF STAY         | IN 1b    | c. CITY OR TOWN   | If autside cor | porate limits, write            | RURAL on  | nd give ne | arest tow  | n)      |
| CUMBERLA                               | ND   |                   | 6 HOURS                   |          | RIDGE   | EY             | 7                               | 5 5       | X          | -          |         |
| NAME OF HOSPITA                        | L OR INSTITUTION (I                                  | f nat in hosp     | ital, give street address | •)       | d. STREET ADDRESS   | *:TL           | il                              |           |            | o, IS RES  | EARM?   |
| ME OF<br>CEASED                        | Fire   | ıt                | Middle                    |          | Last  | 4. DATE        | Month                           |           | Doy        | Yes        | 36      |
| pe or print)                           | 14 17  |                   | ST. LLA                   |          | PHILLIPS  | DEATH          | 47g                             | y         | 3          | 19         | 43      |
| L. M.L.                                | 6. COLOR OR RACE                                     | 7. MARRIE         | NEVER MARRIED  DIVORCED   |          | DATE OF BIRTH   | 905            | 9. AGE (In years lost surbiday) | Manths    | Days       | Hours      | Min,    |
| SUAL OCCUPATION                        | N (Give kind of work                                 | done 10b. K       | ND OF BUSINESS OR         | INDUSTI  | RY 11. BIRTHPLACE (Stole                                  | ar fareign c   | country)                        | 12. CI1   | TIZEN OF   | WHAT C     | OUNTRY? |
|  | employee   | Ce I              | anese Co:                 | rp.      | WIST  | 13 1           | A                               |           | U.         | S. A       |         |
| THER'S NAME                            |  |                   |                           |          | 14. MOTHER'S MAIDEN                                       | NAME           | **                              |           |            |            |         |
| 7407X                                  | BROWN (BEG   | TASED             | )                         |          | SARAH TRAD  | CR (           | DULLAS D)                       |           |            |            |         |
|  | R IN U. S. ARMED FOI<br>If yes, give war or dates of |                   | OCIAL SECURITY NO.        |          | FORMANT<br>Leslie C                                       | . Phi          | Address<br>llips l              |           |            | ley.       | W.Va    |
| . CAUSE OF DEATI                       | H [Enter only one cau                                | se per line f     | or (a), (b), and (c), ]   |          |   |                |                                 |           | INTERN     | AL BETWEE  | N       |
|  | MAS CAUSED BY, MMEDIATE CAUSE (a)                    | Ma                | ceration of               | f Br     | ain   |                |                                 |           |            | Hrs.       |         |
| anditions, if on                       | DUE TO   | 0                 | shot wound                | of       | head  |                |                                 |           | 6          | Hrs        |         |
| ave rise to immedi                     | ale couse (  |                   |                           |          |   |                |                                 |           |            |            |         |
| a), slating the wi                     | (c)  | _                 |                           |          |   |                |                                 |           |            |            |         |
| PART II. OTHE                          | R SIGNIFICANT CON                                    | DITIONS <u>CO</u> | NTRIBUTING TO DEATH       | BUTN     | OT RELATED TO THE TERM                                    | AINAL DISEAS   | E CONDITION G.V                 | EN IN PAI | 11         | PERFOR.    |         |
| o. EXTERNAL CAUSTIMARY TO BE OF DEATH. | SE WAS<br>TRIBUTING (20                              |                   |                           |          | nter nature of injury in Pa                               |                | of item 18.)                    |           |            |            |         |
| Hour                                   | Month, Day, Yea                                      | r 20d. If         | Not while                 | le. PLAC | E OF INJURY (Home, for<br>ary, street, affice bldg., etc. | m. 20f. (City  | y or fown)                      | (Co       | aunty)     |            | (State) |
| .) 5 p. m.                             | Nov. 3 196   |                   | k at work                 |          | Ione  |                | dgeley. N                       | liner     | al.        | W. Va      | i.      |
| 1. I certify the                       | at I took charge                                     | of the re         | emains described          | abor     | ve, held an Autop   | sy 📆 . 🔞       | nspection 🔼,                    | Inqui     | ry 🔏.      | and fi     | nd that |
| eath resulted                          | from: Natural  | causes [          | Accident [].              | Suid     | ide 🔣 , Homicid   | e 🔲, U         | ndetermined c                   | anse [    | ].         |            |         |
| CTUAL S                                | Quedic   | +8                | Etorol                    | 1        | CHIEF MEDICAL E   | XAMINER [      | 1                               |           |            | DATE SIG   | ONED    |

ASSISTANT MEDICAL EXAMINER

24o. REC'D BY REGISTRAR

NOV 7

NOVEMBER

Cumberland, Maryland

24b. REGISTRAR'S SIGNATURE
CITIMA & Frank

(State)

22d. LOCATION (City, lawn, ar county)

'60

DEPUTY MEDICAL EXAMINER

DATE

22c. NAME OF CEMETERY OR CREMATORY

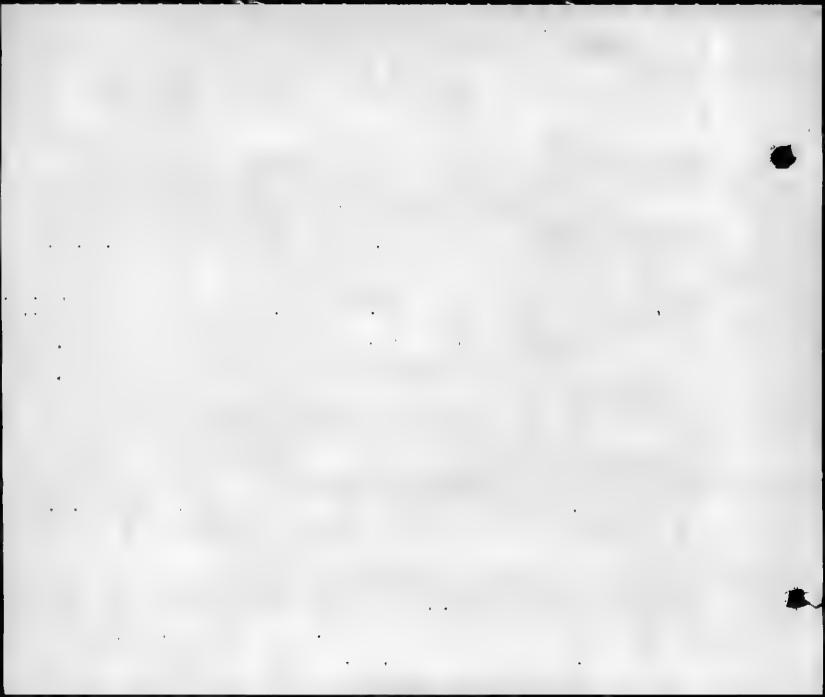
Cumberland, Md.

ADDRESS

Zion Memorial Cem.

VS. A15ME(5)

5M 9/55



12089 CERTIFICATE OF DEATH

Reg. Dist. No.

12074

|  |                                     |   |                          | Kall I   | DIST. 140.  |  |  |  |
|--|-------------------------------------|---|--------------------------|--|---|--|--|--|
| 1. PLACE OF DEATH O COUNTY  Allegenv   | MARYLAND                            | 2. USUAL RESIDENCE (Who state arry Land                       |                          |  | ence before admission) Le *&NY                              |  |  |  |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)   | c. LENGTH OF STAY IN 16             | e. CITY OR TOWN (If ou  | itside carparate lim     | arote limits, write RURAL and give nearest town) |   |  |  |  |
| Cumberland   | 50yrs                               | Cumberland  | , ST                     | 302  |   |  |  |  |
| d NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION 54 Race St.   | address)                            | d STREET ADDRESS<br>34 Race St                                | •                        | 1  | e. IS PESIDENCE<br>ON A FARM?<br>YES □ NO 🔁                 |  |  |  |
| 3. NAME OF First DECEASED (Type or print) Sylvester  | Middle F                            | eittman   | 4. DATE<br>OF<br>DEATH N | Month<br>ov. 28,                                 | Day Year<br>19 60   |  |  |  |
| 5. SEX 6 COLOR OR RACE 7. MARR   | IED 🗌 NEVER MARRIED 📳               | 8. DATE OF BIRTH  | 9. AGE                   | fin years IF UND                                 | ER 1 YEAR IF UNDER 24 HRS                                   |  |  |  |
| M WIDOWI   | ED DIVORCED                         | Nov.1,1895  | 65                       | birthday) Months ) yrs                           | Days Hours Min.   |  |  |  |
| 10a. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if relired)  | KIND OF BUSINESS OR INDUS           | TRY 11 BIRTHPLACE (State of                                   | r fareign country)       | 12 (   | ITIZEN OF WHAT COUNTRY?                                     |  |  |  |
| Hostler Re   | ilroad                              | Hancock,  | Marylan                  | nd   | USA   |  |  |  |
| 13. FATHER'S NAME  |                                     | 14. MOTHER'S MAIDEN NA  | AME                      |  |   |  |  |  |
| Wallace Pittman  |                                     | Estella   | Phisne                   | r  |   |  |  |  |
| 15. WAS DECEASED EVER IN U. S ARMED FORCES? 16.  |                                     | rs. Dora Pi   | ttman. (                 | Address<br>Cumberla                              | nd, Md.   |  |  |  |
| PART P. DEATH (Enter only one couse per lumerate cause (a)  Conditions, if ony, which gave rise to immediate cause (a), storting the under-lying couse last.   | eron.                               | Wrenbar<br>Quit   | ter,                     | 26 ice   | INTERVAL BETWEEN ONSET AND DEATH                            |  |  |  |
| PART IF OTHER SIGNIFICANT CONDITIONS OF THE PART IF OTHER SIGNIFIC | CRIBE HOW INJURY OCCURRE            |   |                          |  | PERFORMED?  YES NO (2)                                      |  |  |  |
|  |                                     |   |                          |  |   |  |  |  |
| YOU 20c. TIME OF INJURY Month, Day, Year 20d. If Hour o. m. 19 While at world  | Not while fac                       | ACE OF INJURY (Home, farm, clary, street, affice bldg., etc.) | 20f. (City or law        | n Kert   | (County) (State)  |  |  |  |
| 21. I certify that attended the decease alive on SEC 19  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)  |                                     | occurred at 7:15  | M, fram the              | causes and on                                    | I last saw the deceased the date stated abave.  DATE SIGNED |  |  |  |
| 220. BURIAL, CREMATION, 22b. DATE THEREOF Burial 12-1-1960   | Mc. NAME OF CEMETERY OF Hillerest B |   |                          | ity, town, or county                             |   |  |  |  |
| 23. FUNERAL DIRECTOR'S SIGNATURE James F. Scarpelli,   | Cumberland,                         |   |                          | 24b REGISTRAR'S                                  |   |  |  |  |

and 2 should be filed with urs after death, Page 4 TO HOSE CATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may be refained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camprely fined page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon pages. Roges the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55



0

VS A15ME(5)

5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
1219 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12075

Rea, Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) PLACE OF DEATH e. COUNTY o. STATE b. COUNTY MARYLAND Maryland Allegany b. CITY OR TOWN (If outside Corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) and give nearest town Cumberland DOA Cumberland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) . IS RESIDENCE d. STREET ADDRESS ON A FARM? ear Street Memorial Hospital YES NO K NAME OF First Middle 4. DATE Month Lost Day Year DECEASED OF DEATH DEWARREN PORTER MALLITE 19 60 (Type or print) November 14 9 AGE Hn years FUNDER TYEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED TE NEVER MARRIED 1 8. DATE OF BIRTH Months Haurs 70 yrs. WIDOWED [7] DIVORCED | 1890 White Male 10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Own Business Eckhart. Marvland TISA Retired Restaurant Owner 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Josiah Porter Helen Wonn 32/Adrear Street 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Annie C. Porter. Cumberland. no Maryland INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c), ] PART I. DEATH WAS CAUSED BY: CORONARY OCCLUSION SUDDEN IMMEDIATE CAUSE (o) **DUE TO** CORONARY SCIEROSIS Conditions, if ony, which gave rise to immediate couse **DUE TO** (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Hat 19 WAS AUTOPSY PERFORMED? NO A YES M 20a EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I ar Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY (Stote) Month, Day, Year 20d, INJURY OCCURRED 206. PLACE OF INJURY (Home, form, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour Not while at work of work p. m. 21. I certify that I taak charge of the remains described above, held an Autopsy 1. Inspection Inquiry 4. and find that death resulted from: Natural causes X, Accident . Suicide . Homicide . Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER FT **EXAMINER'S** DEPUTY MEDICAL EXAMINER TX NAME (Type) NOVIMBER 22g, BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Frostburg Memorial Park Frostburg. 1960 Parvland Burial Nov. ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE John J. Hafer, Cumberland, Maryland DATE NOV 1 8 '60



VS A15 (4) 15M 10/57

| 1              | 红、  |
|----------------|-----|
| ctor,<br>with) | (M) |
| director       |     |

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12094 CERTIFICATE OF DEATH

12076

|  |  |                                    |   |                             |  |                             | ·                                      |
|--|--|------------------------------------|---|-----------------------------|--|-----------------------------|--|
| 1. PLACE OF DEATH<br>o. COUNTY   | Alle any   | MARYLAND                           |   | E (Where decease<br>ryland  | d lived If institution<br>b. COUNTY                      | Residence befor             |  |
| b CITY OR TOWN (If<br>RURAL and give ne                                  | f outside corporate limits, write<br>corest town!<br>Cumherland                              | 10 mos.llda                        | 1 1   | ostburg                     | rote limits, write RUR                                   | AL and give nec             | arest fown)                            |
| d NAME OF HOSPIT,<br>OR INSTITUTION                                      | At (If not in hospitol, give street<br>Sylvan net:   |                                    | d. STREET ADDRE                                     | ss<br>rmond st              | reet   |                             | e IS RESIDENCE<br>ON A FARM?<br>YES NO |
| 3. NAME OF<br>DECEASED<br>(Type or print)                                | First<br>Urias   | Middle<br>J•                       | Rowe .  | 4. DATE<br>OF<br>DEATH      | Month<br>l'ovemb   | er 21                       |  |
| 5. SEX   | 6. COLOR OR RACE 7 MAR WIDOW   |                                    | 9/1/78  |                             |  | UNDER 1 YEAR<br>fonths Days | IF UNDER 24 HRS Hours Min              |
| Rubber Wo  |  | KIND OF BUSINESS OR INC            | field Fros  | stburg,                     | Md •   | U.S.A                       | F WHAT COUNTRY                         |
| IS WAS DECEASED EVER   | redrick Rowe RINUS ARMED FORCES? 16 " 781, 0470 - 071 07 07 07 07 07 07 07 07 07 07 07 07 07 |                                    | . INFORMANT<br>r. James R                           | Rowe                        |  | Baltim<br>Angles            |  |
| Conditions, if on gove rise to in couse (a), sloting I lying couse tost. | nmediote ( Dus 10  | CONTRIBUTING TO DEATH 8            | Tuckey (  | - sece of                   | LEDES A  | IN PART 1(0) 11             | 9. WAS AUTOPSY                         |
| O THE EITHER, NOTIFY I   | LI CAUSE OF BEATH!   | CRIBE HOW INJURY OCCUR             | RED. (Enter nature of injur                         | y in Part I or Port         | 11 of item 18.1  |                             | YES NO                                 |
| 20c. TIME OF INJURY<br>Hour e. m.<br>p. m.                               | While  | NJURY OCCURRED 20e. Not while      | PLACE OF INJURY (Home, fectory, street, office bldg | form, 20f. (City<br>, etc.) | or town]   | (County)                    | (Stote)                                |
| actual SIGNATURE   | at I attended the decease  2 K - 2 L . 19.6  A FREELLE                                       |                                    | 10 , 1960, to the accurred at 22 %                  | SPM, from                   | L. 1960 OH<br>the causes and<br>reet, city or town, stor | on the dat                  | te stated abave DATE SIGNE             |
| PHYSICIAN'S<br>NAME (Type)  220. BURIAL, CREMAT ON<br>REMOVAL (Specify)  | BINGTHE VI<br>N. 226. DATE THEREOF   | S M.D.                             | OR CREMATORY  | 12d LOCAT                   | TON (City, town, or co                                   | C-1-12                      | (State)                                |
| Burial   | 11-23-60   | rostburg M                         | emorial Pa  | rk Fros                     | thura  |                             | Ma                                     |
| 23 FUNERAL DIRECTOR'S  |  | Fun <b>eral</b> Hom<br>t Main Fros | e 24o.  | REC'D BY REGIST             | RAR 246 REGISTRA   | AR'S SIGNATUR               | RE                                     |



funeral director after death. Page

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page 3 sh

Board

■HYSICIAN: TII law requirm that the death certificate be executed within 24

should be filed

puo

papers.

death.

hours

PLACE OF DEATH

O COUNTY ANY

MARYLAND

USUAL RESIDENCE (Where deceased fived. If institution Residence before admission) a. STATE AF AYLI D

12-2-60 et

**b.** COUNTY ALLIB

b CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 RURAL and give negrest town)

8 DAYS

c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) CU 437 RLA JD

d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION SAL LO HEART HOSPITAL

d. STREET ADDRESS R.F.D.## e. IS RESIDENCE ON A FARM? YES NOX

NAME OF DECEASED (Type or print)

First GIOVIN Middle

SCARINCI

4. DATE Manth OF DEATH NOVEMBER 9. AGE (In years

Year 19

5 SEX FEMALE

6. COLOR OR RACE 7 MARRIED NEVER MARRIED WIDOWED A DIVORCED [

8 DATE OF BIRTH 1877

14. MOTHER'S MAIDEN NAME

(get birthday) Months 283 yrs

IF UNDER 1 YEAR IF UNDER 24 HRS

18a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during most of working life, even if retired)

Own Home

Crecchio, Italy

12 CITIZEN OF WHAT COUNTRY? TISA

Doys

13. FATHER'S NAME

Vincenzo D'Alessandro

Giacinta Scarinci

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

Housewife

17. INFORMANT 16. SOCIAL SECURITY NO.

Address

none

PATIENTS CHART

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY

INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a)

DUE TO

Canditions, if any, which gave rise to immediate cause (a), stating the underlying couse last.

DUE TO

PART 1: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19

WAS AUTOPSY PERFORMED? YES NO TO

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of stem 18)

CERTIFICATION (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20c. TIME OF INJURY Month, Day, Year Hour o.m.

20d. INJURY OCCURRED While Not while

20e. PLACE OF INJURY (Hame, farm, 20f (City or lawn) factory, street, office bldg., etc.)

.Mto.

(State) (County)

sow the deceased alive an

ot work at work 21 | certify that (1) (this haspital) attended the deceased from ...

. 19 (so, and that death occurred of

19(a), that (I) (we) lost M, from the couses and on the date stated above.

22o. SIGNATURE

22c. PHYSICIAN'S NAME (Type

H. LEY.

JR..

ATTENDING MD. PHYS 22d ADDRESS

DIRECTOR []

SIGNED N. CENTRE ST., CUMBE LA D. AU.

23a BUR AL, CREMATION, 236 DATE THEREOF BLIT I Specify)

23c NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery

23d, LOCATION (City, town, or county) Cumberland, Lid. (State)

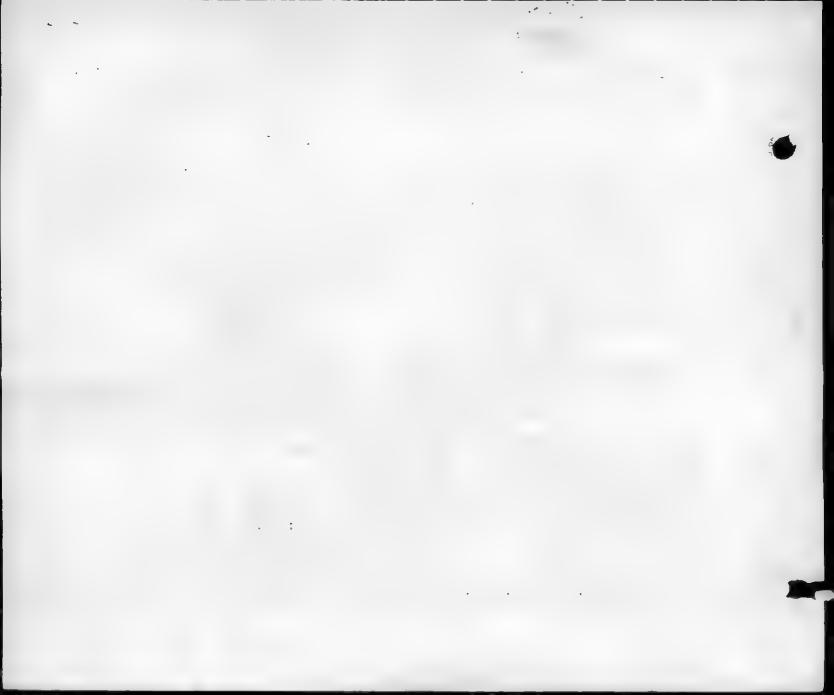
24, FUNERAL DIRECTOR'S SIGNATURE

**ADDRESS** James F. Scarrelli, Cumberland, Id. 250. REGIONNY REGISTRAR

25b REGISTRAR'S SIGNATURE Chilling & Ferna

may be retained by the TO FUNERAL DIRECTOR: VR A15 (4) ISM 9/59

HOSPI



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

IS RESIDENCE

ON A FARM?

YES NO K

Yeor

PERFORMED? YES TO NO IT

(Stole)

SIGNED

Hours

19 60

CERTIFICATE OF DEATH director, PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) MARYLAND o. COUNTY **b** COUNTY be filed MARYLAND ALLEGANY ALLEGANY funerol b CITY OR TOWN (if outside carporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURA), and give negrest town) RURAL and give negrest town) should II DAYS CUMBERLAND d. NAME OF HOSPITALWETHORNSALDI. 4100 10 4055) d. STREET ADDRESS MEMORIAL & WARWICK AVES. 30 RACESTREET pup Middle 4. DATE Month DECEASED completely fil ed OF DEATH SAMUEL S SCATURRO NOVE MBER (Type or print) ofter death S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS MALE last birthday) Months Days WHITE AUGUST 16. 10 yrs WIDOWED [ DIVORCED [ papers. 10a USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)

10b KIND OF 8USINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRYS hours COLORADO Trinadad Race Track U-S-A-- Buo Jockey Agent corbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physicion JERRY SCATURRO PAULINE DARRO remove 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address MEMORIAL HOSPITAL offendin■ CUMBERLAND, MD. ves pleose 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a. DUE TO permit. Conditions, if ony, which has been signed gove rise to immediate **DUE TO** couse (a), stating the underlying couse last **burial-tronsit** CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY cremation. 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port 1 or Port 11 of item 18) the buriol, MEDICAL 20 20c. TIME OF INJURY 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or tawn) Day. factory, street, affice bldg., etc.) Use p. m. Not while 0 ot work p. m. detoched far prior 21 | certify that (1) (this haspital) attended the deceased from 64 57 15 1960 to 1267 2 2 2-196 of that (1) (we) last and that death accurred \$:35 MMram the causes and an the date stated above of Health saw the deceased alive on 22a SIGNATURE ATTENDING MED. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS

NAME (Type) 23a. BURIAL, CREMATION

BUTTER (Specify)

CLAY E. DURRETT

236 DATE THEREOF

23c NAME OF CEMETERY OR CREMATORY

Park

23d LOCATION (City, town, or county) Cumberland . Md.

(State)

24 FUNERAL DIRECTOR'S SIGNATURE

Scarpelli Cumberland, id.

Hillcrest Burial

25g REC'D BY REGISTRAR DATE MOY 2 8 '60

25h REGISTRAR'S SIGNATURE Wilher S. Kraus

**VR A1E (4)** 15M Ⅲ/59

R ATTENDINE PRYSICIAN: The law requires that the death certificate be executed retained by the hospital or attending physician. or attending physician certificate After this by the hospital may be retained by the DECTOR: 3 should be page 3 shather Store B TO HOSP! 0



## 120 PHISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND MARYLAND STATE DEPARTMENT OF HEALTH

12079

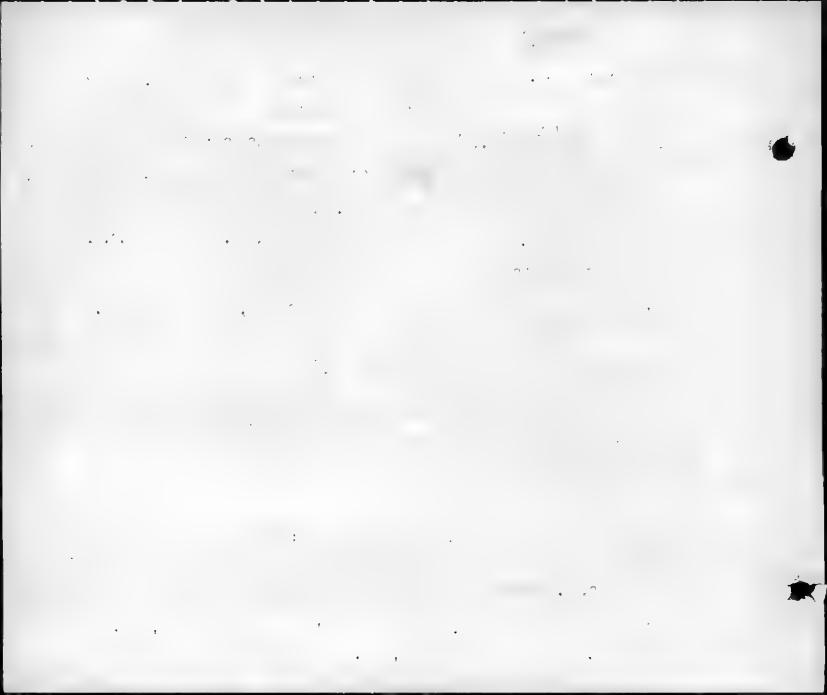
| CERTIFIC  | JAIL OI DEAII   |
|---|---|
| 1 PLACE OF DEATH  G. COUNTY  ALLEGANY  MARYLAI  | 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE b COUNTY      |
| b CITY OR TOWN (If outside corporate limits, write   c LENGTH OF STAY IN  | MARTIANU ALLEGANI   |
| RURAL and give nearest town) CUMBERLAND 36 DAYS   | CICUMBERLAND  |
| MEMORIAL & WARWICK AVES.,   | 9 NORTH CHASE STREET  1 9 NORTH CHASE STREET  1 9 NORTH CHASE STREET  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| 3. NAME OF DECEASED (Type or print) First Middle PETER  | SCHELLHAUS  4. DATE Month Day Year OF DEATH NOVEMBER 17 19 60   |
| S. SEX  6. COLOR OR RACE  7 MARRIED NEVER MARRIED  WHITE WIDOWED X DIVORCED   | los by thdoy) Months Days Haurs Min   |
| 10a LSUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR I during most of working life, even if retired)  Retired Glass Mfgr. Glass  | CUMBERLAND, MD. 12 CITIZEN OF WHAT COUNTRY  |
| 3. FATHER'S NAME  | 14. MOTHER'S MAIDEN NAME  |
| ) MATHEW SCHELLHAUS   | BARBARA BECKER  |
| (if yes, give wor or dates of service) 16. SOCIAL SECURITY NO. (If yes, give wor or dates of service) 220-16-6141   | 17, INFORMANT Address  MEMORIAL HOSPITAL CUMBERLAND MD  |
| 1B. CAUSE OF DEATH [Enter only one cause per line for (q), (b), and (c).]   | INTERVAL BETWEEN  |
| PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  | A ONSET AND DEATH   |
| 6 DUE TO CONTROL  | 1.1.1.1.5 5 Gu  |
| gave rise to Immediate couse (a), stoting the <u>under-lying cause last</u> (b)  (b)  (b)  (b)  (c)   | 1315/2411 H. K. Julih, 16 420   |
| PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH  200 ACC DENT, WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)   | H BUT NOT RELATED TO THE TERMINA DISEASE CONDITION G VEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED YES NO       |
|   | TURKED (Enter nature of injury in Part I of Part II of item 18.)  |
| Coc TIME OF INJURY Month, Day, Year   20d INJURY OCCURRED   20d   20d | De PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State factory, street, office bldg., etc.)    |
| 21 I certify that (I) (this haspital) attended the deceased from  |   |
| saw the deceased alive an. 1/16 196 and th  | nat death accurred 6 t. 15 MM ram the causes and an the date stated above                                   |
| 7 6.1.64 6 6 6 W. O. C.   | M.D. ATTENDING MED STAFF PHYS D   |
| 22c PHYSICANS NAME (Type) S. G. WEISMAN   | 39Chand & Timber de describered   |
| 23g BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETE  | ERY OR CREMATORY 23d LOCATION (City town, or county) (Stote)  |
| Burial 11/19/60 SS. Peter   |   |
| 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  | 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE  |
| Charles L. George Cumberland,   | Md. DANOV 21 '60 arthur S. Frans  |

after death Page 4 ond 2 should be filed with campletely filled in OR ATTINDING INVIICIAM: The fam requires that the death mertificate be exemuted within 24 h. may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filler page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers Pages the State Board of Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after death. TO HOSPI

16

VR A1S [4] 1SM 9/S9

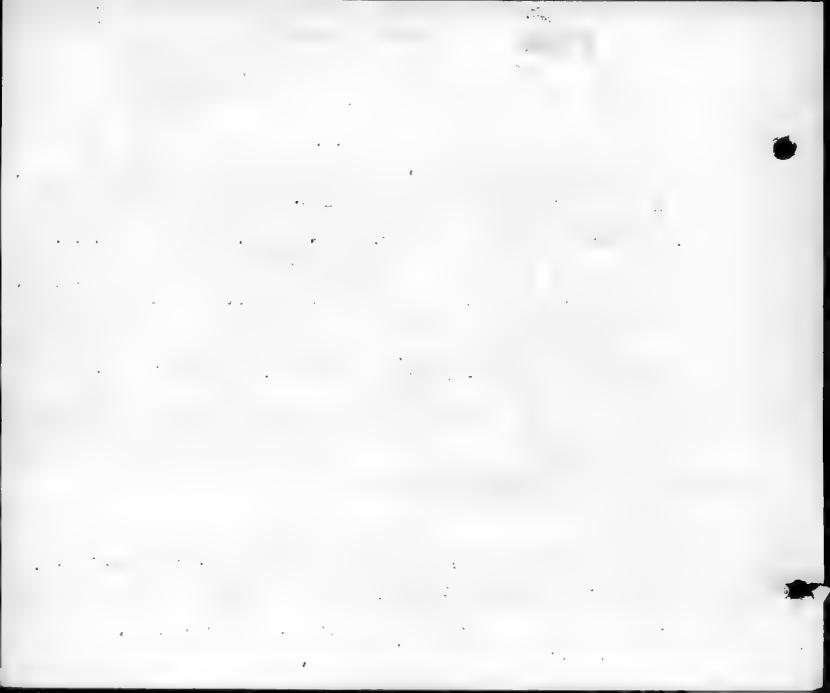


Main.

VS A15 (4) 15M 9/58

1006 0

| CATE OF DEATH  | 12(101)   |
|--|---|
| CATE OF DEATH  | Reg. Dist. No.  |
| 2. USUAL RESIDENCE (Where decease of STATE                           | b. COUNTY Allegany  |
| The c. CITY OR TOWN (If outside corp                                 | porate limits, write RURAL and give nearest lown)                                   |
| Frostburg  | (Rural)   |
| d. STREET ADDRESS  | rden)  o, is residence on A FARM? YES NO [X]  |
| SCHRIVER 4. DATE   | Month Doy Year<br>H 11 3 19 60.   |
| □ 8 DATE OF BIRTH □ 8-16-1901  | 9. AGE (In years lost airthday)   Months   Days   Hours   Min.                      |
| NDUSTRY   11 BIRTHPLACE (Stale or foreign                            |   |
| p. Borden, Md.   | U.S.A.  |
| 14 MOTHER'S MAIDEN NAME  |   |
| Mary Dunn  |   |
| INFORMANT  | Address Frostburg, Md.  |
| Margaret B. Schri  | iver, R.D.#2(Borden)  |
| - 1-   | INTERVAL BETWEEN ONSET AND DEATH  |
| 1 1  | 1 1 - 6   |
| wied Cangranger  | appendix 7 Say =  |
|  |   |
|  |   |
| BUT NOT RELATED TO THE TERMINAL DISEA                                | SE COND TION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO                |
| JRRED. (Enter nature of injury in Part I or Pa                       | ort II of item 18.)   |
| e. PLACE OF INJURY (Hame, form, foctory, street, office bldg., etc.) | ty or town) (County) (State)  |
| 1960, to 700V  | 3 , 1% Q, that I last saw the deceased  |
| eath accurred a LADAM, from  | the causes and an the date stated abave. (Street, city ar lawn, state)  DATE SIGNED |
| - MD Forz  | Strice Mry 419/2  |
| Sm() 7   | nd  |
| RY OR CREMATORY 22d. LOC   | ATION (City, town, ar county) (State)   |
| Memorial Park Fr   | ostburg Md  |
| me 24a, REC'D 8Y REGI  |   |
| thurg . Md PATE NOV D  | 160   |



# OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

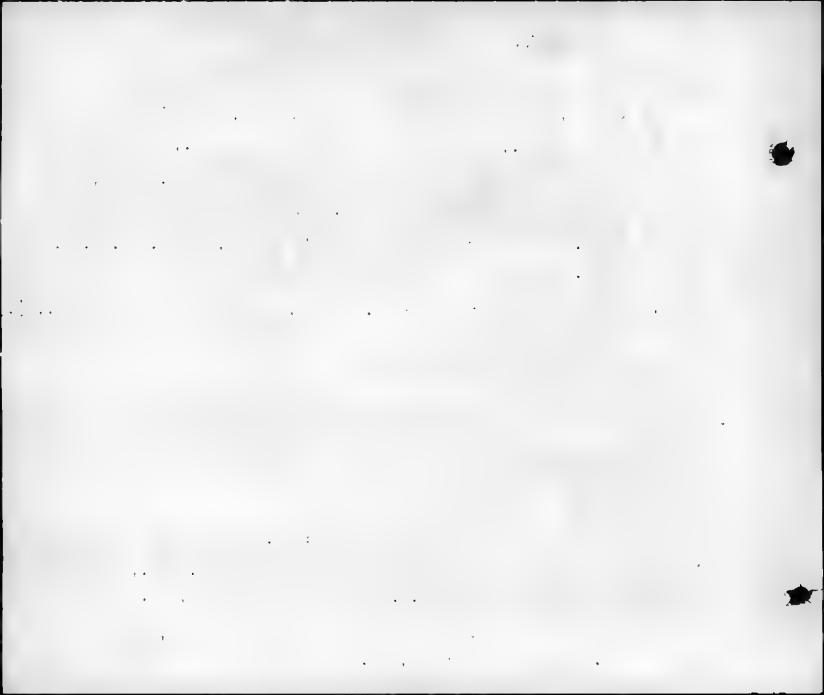
12081

| 1209.  | 5 CERTIFICA  | ATE OF DEATH                       | Reg. Dis   | it. No.                                   |
|--|--|------------------------------------|--|---|
| 1. PLACE OF DEATH e. COUNTY Allegan  |  | o. STATE Maryla                    | deceased lived. If institution Residence in d b. COUNTY All                    | e gany                                    |
| b CITY OR TOWN (If autside corporate li<br>RURAL and give nearest town)<br>Cumberland  | imits, write c. LENGTH OF STAY IN 16                 | Cumberla                           | ide corporate limits, write RURAL and g<br>A N $	ilde{\mathbf{d}}_{	extbf{2}}$ | ive nearest town)                         |
| d NAME OF HOSPITAL (If not in hospital OR INSTITUTION  11 Frederick  |  | d street Address 11 Frede          | erick St.,   | e. IS RESIDENCE<br>ON A FARM?<br>YES NO X |
| (Type or print) MA   | First Middle RY E DNA                                | SEIFERT 4.                         | DATE Month OF DEATH NOV.   | 10, Year                                  |
| Female White   | WIDOWED DIVORCED                                     | Aug. 16, 18                        | 92 lost Birthday) Months   | 1 YEAR IF UNDER 24 HRS Days Haurs Min     |
| 10a USUAL OCCUPATION (Give kind of worduring most of working lile, even if retire Store Prop.  | rk done<br>ed) Furniture                             | STRY 11. BIRTHPLACE (Stole or f    | oice, Penna. I   | J. S. A.                                  |
| John J. Sei  | fert   | 14. MOTHER'S MAIDEN NAM            | a McVicker   |   |
| 15 WAS DECEASED EVER IN U. S. ARMED FO<br>(Yes, no or unknown) (II yes, give wor or dotes on the control of the c | of service)  | nformant<br>r. Mark I. Se          | Address<br>eifert II Frede   | Cumberland<br>rick St., M                 |
| 18. CAUSE OF DEATH [Enter only one<br>PART I. DEATH WAS CAUSED BY<br>IMMEDIATE CAUSE   | 101 Carcinom, +                                      | left whom                          | with   | INTERVAL BETWEEN ONSET AND DEATH          |
| Conditions, if ony, which gove rise to immediate cause (a), stating the under-   | 10) metertions to                                    | liver and                          | e later  |   |
| lying cause last.  | (c) Generalized DINDITIONS CONTRIBUTING TO DEATH BUT | NOT RELATED TO THE TERMINAL        | L DISEASE CONDITION GIVEN IN PART  | I (a) 19. WAS AUTOPSY                     |
| PART II. OTHER SIGNIFICANT CO  | 20b. DESCRIBE HOW INJURY OCCURREI                    | D. (Enter nature of injury in Parl | I or Part II of item 18.)  | PERFORMED?                                |
|  |  | ACE OF INJURY (Home, form,         | 20f (City or Journ)  | - Actual Status                           |
| Nour c. m. 19 2 19 2 19 2 19 2 19 2 19 2 19 2 19   | While Not while for on work at wark                  | clary, street, affice bldg , etc.} |  | ounty) (Stole)                            |
| 21. I certify that I attended the alive an 9 No  | ne deceased from 30 July 19 60, and that death       | occurred a 2:00A A                 | M, fram the causes and on th<br>DRESS (Street, city or town, state)            | e date stated above.  DATE SIGNED         |
| SIGNATURE CULLON SHAPE (Type) Carlton  | Brinsfield M.D.                                      |                                    | 2 Balto. Ave.,<br>mberland, Md.  |   |
| 220 BURIAL CREMATION. 22b. DATE THER BUT 1a1 1/12/   |  | R CREMATORY 22cd                   | d. LOCATION (City, lown, or county) Cumberland, Man                            | (Store)<br>ryland                         |
| 23. FUNERAL DIRECTOR'S SIGNATURE Charles L. George   | ADDRESS  | 24a. REC'D BY                      | Y REGISTRAR 246 REGISTRAR'S SIG  | NATURE                                    |

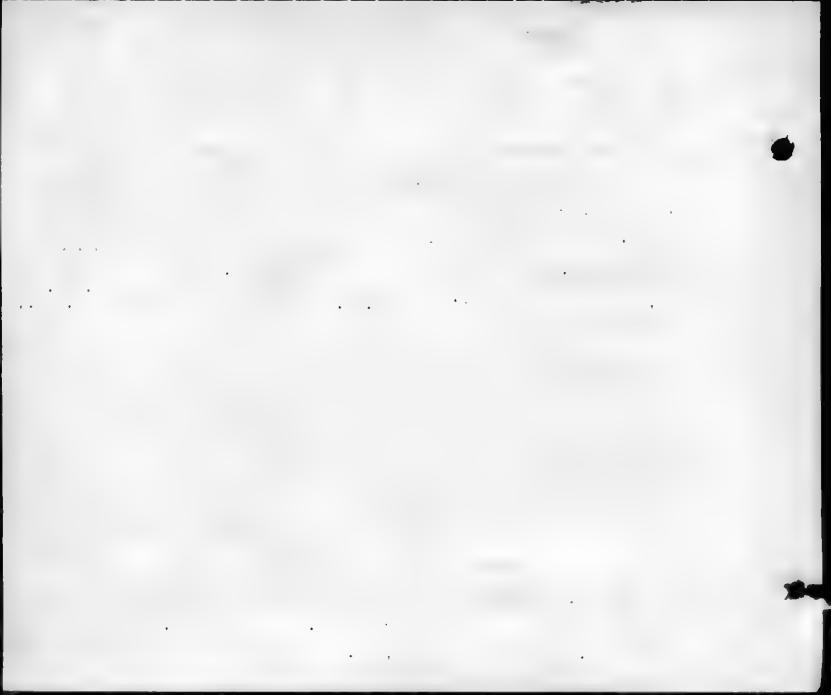
may be servined by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cammetely filled the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to buriol, cremation, or remayal, and in any event within 72 hours ofter death. TO HOSPIT VS A15 (4) 15M 10/57

F



| 1. PLACE OF DEATH o. COUNTY   |                              | 2. USUAL RESIDENCE (          |                         |   | ence before admis       | sion)              |
|---|------------------------------|-------------------------------|-------------------------|---|-------------------------|--------------------|
| ATTERANY  | MARTLANS                     | II                            | T.AND                   | ο. COUNTY<br>ΔT.T.T                     | EG A NEVE               |                    |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)                                  | 444                          | c. CITY OR TOWN (             | f autside corporate lin | nits, write RURAL ond                   | give nearest low        | n)                 |
| CU BUPLAND  | XXX DAYS                     | CURBE                         | PLAND                   |   |                         |                    |
| d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION   | al address)                  | STREET ADDRESS                |                         |   |                         | SIDENCE<br>A FARM? |
|   | SPITAL                       | 127 BA                        | TIMORE AV               | E.                                      | YES [                   | NO 🔼               |
| 3. NAME OF First DECEASED   | Middle                       | Lost                          | 4. DATE<br>OF           | Month                                   | Day                     | Yeor               |
| (Type or print) HARVEY  | Gilbert                      | SHANHOLIZ                     | DEATH                   | 11,                                     | 2                       | 1960               |
| S. SEX 6. COLOR OR RACE 7. MA   | RRIED NEVER MARRIED          | 8. DATE OF BIRTH              | 9. AG                   | E (In years IF UNDE<br>birthday) Months | Days Hours              | ER 24 HRS<br>Min.  |
| TIALE WHOTE WIDON   | WED DIVORCED                 | 2/11/04                       | 56                      | yes                                     | ouys Hoors              | PASTI,             |
| 10a. USUAL OCCUPATION (Give kind of work done 10  | b. KIND OF BUSINESS OR INDE  | ISTRY 11. BIRTHPLACE (See     | le or foreign country)  | 12. CI                                  | TIZEN OF WHAT           | COUNTRY?           |
| during most of working life, even if ratired) Bartender   | Restaurant                   | PIECO .                       | VIRGINIA                |   | TI C A                  |                    |
| 13. FATHER'S NAME   |                              | 14. MOTHER'S MAIDER           |                         | *                                       | U + 13 + 151            |                    |
| Jacob R. Shanho   | oltz                         | Nan                           | nie V. D                | Da y                                    |                         |                    |
| 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 11  |                              | NFORMANT                      |                         | Address                                 | Cumb. M                 | d.                 |
| (Yes, no, or unknown) (If yes, give war or dates of service)  | 214-05-5231 <sub>M:</sub>    | r. J. Broo                    | ke Shanho               | oltz 225                                | Balto.                  | St.                |
| 18. CAUSE OF DEATH   Enter only one couse per   | line for (a), (b), and (c).] | 4                             |                         |   | INTERVAL B              |                    |
| PART I, DEATH WAS CAUSED BY:  | Zanal - TV                   | Line T.                       | assit                   |   | ONSET AND               | J. T.              |
| IMMEDIATE CAUSE (o)   | 20 Mary may                  | 5                             | 1                       |   |                         | -                  |
|   | in the                       | ada 12 1                      | Manzo                   | 1 1000                                  | man                     | Alan               |
| Conditions, if day, which (b) (b)   | The Market Market            | V V V V                       | 0000                    | 1-2-                                    | Prvv.                   |                    |
| couse (o), stoting the under-   | ·                            |                               |                         |   |                         |                    |
| lying couse lost. (c)   |                              |                               |                         |   |                         |                    |
| PART II. OTHER SIGNIFICANT CONDITIONS   | CONTRIBUTING TO DEATH BU     | T NOT RELATED TO THE TE       | RMINAL DISEASE CON      | IDITION GIVEN IN PA                     | ART 1(o) 19 WAS<br>PERF | AUTOPSY<br>ORMED?  |
| CAI   |                              |                               |                         |   | YES [                   | NO []              |
| 206 ACCIDENT WAS UNDERLYING 206. DI<br>OR CONTRIBUTING 206 CAUSE OF DEATH<br>(IF EITHER, NOTIFY MEDICAL EXAMINER) | ESCRIBE HOW INJURY OCCURR    | ED. (Enter nature of injury   | in Port I ar Part II of | item 18.)                               |                         |                    |
| S 20- TIME OF INTHINY Mark Day Year 201   | INJURY OCCURRED 20e. P       | LACE OF INJURY (Home, fi      | orm, 20f. (City or to   | wn)                                     | (County)                | (State)            |
| Hour o. m. Whi  | I.                           | actory, street, office bldg., | elc)                    |   |                         |                    |
|   |                              | 0 -                           | - ku /n.                | ( m )                                   | / /3                    |                    |
| 21 I certify that (I) (this haspital) atter   | 7 / 2                        | 1 1                           | *                       |   | (ا) hat المبكرو)        | '                  |
| saw the deceased alive on _/ _/   | 196 , and that               | Beath accurred at             | M, fram the a           | causes and an H                         |                         |                    |
| 22a. SIGNATURE  | 11,                          | ATTENDING                     | MED STA                 | AFF                                     |                         | SIGNED             |
| 1 / MI A Ching  | M                            | MD PHYS                       | OTRECTOR PH             | YS. 🗆                                   | 71/3/                   | (0)                |
| 22c. PHYSICIAN'S ( NAME (Type)  |                              | 22d. ADDRESS                  |                         |   | 1/0                     |                    |
| DR R.M. SCHTNDIJ  | PR .                         | 1,3                           | GRAPHE STR              | rm                                      |                         |                    |
| 230. BURIAL CREMATION, 236 DATE THEREOF   | 23c NAME OF CEMETERY         | OR CREMATORY                  | 23d LOCATION (          | City, lown, or county                   | ) (Sto                  | ıte)               |
| Burial (Specify)  | Zion Memor                   | ial Cem.                      | Cumber                  | land, Mai                               | ryland                  |                    |
| 24 FUNERAL DIRECTOR'S SIGNATURE   | ADDRESS                      |                               | EC'D BY REGISTRAR       | 256 REGISTRAR'S                         | SIGNATURE               |                    |
| Charles L. George   | Cumberland,                  | Md. DATE                      | NOV 7 '60               | Cuthun                                  | 8. thousa               |                    |
|   |                              |                               |                         | 1                                       |                         |                    |



# OR STATE EALTH DEPT.

M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12083

1 200 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

|  | Tenita  |                |                            |         |                        |                       |                     |                               | Re          | eg. Dist. No   | 14                 |
|--|---|----------------|----------------------------|---------|------------------------|-----------------------|---------------------|-------------------------------|-------------|----------------|--------------------|
| PLACE OF DEATH                               |   |                | The second second second   |         | 2. USUAL RESIDER       | NCE (V                | Vhere deceo         | ed lived If                   | nstitution: | Residence be   | fore odmission]    |
| ALLEGANY                                     | -   |                | MARYL                      | AND     | D. STATE               |                       | LAND                | ь со                          |             | T.T. TGAM      |                    |
|  | outside corporate limits, write                     | RURAL          | c LENGTH OF STAY IN        |         | c CITY OR TO           |                       |                     | parate limits, i              | vrite RURA  |                |                    |
| CHIBERI                                      | CMA.  |                | 40 years                   | 1       | Trak gramp             | י דכוים               | NT                  |                               |             |                |                    |
|  |   | If not in hosp | elot, give street address) |         | d STREET ADDI          | and the latter of the | 1010                |                               |             |                | IS RE IDENT E      |
| SACRED H                                     | EARTDOA   |                |                            |         | 518 F                  | EECI                  | CIG AV              | FUHIE                         |             |                | YES NO             |
| 3. NAME OF<br>DECEASED<br>(Type or print)    | Fin   |                | Middle                     |         | Lost                   |                       | 4. DATE<br>OF       | A                             | Aonth       | Doy            | Yeor               |
|  | XXX   |                |                            | were !  | SISK                   |                       | DEATH               | NOVE                          |             | 19,_           | 1960               |
| 5. SEX                                       | 6 COLOR OR RACE                                     |                | NEVER MARRIED              | 8.      | DATE OF BIRTH          |                       |                     | 9. AGE tin yes lost birthday) | Mor         | NDER TYEAR     | IF UNDER 24 HRS    |
| MAGE   | WHITE   | WIDOWED        |                            |         | JULY 30,               | 15                    | 712                 | 43                            | yrs.        | nths Days      | Hours Min.         |
| 10a. USUAL OCCUPATION during most of working | ON (Give kind of work a<br>g life, even if retired) | done 10b KI    | ND OF BUSINESS OR IN       | NDUSTR  | Y 11. BIRTHPLACE       | (Stote                | or foreign c        | ountry)                       | 12          | 2. CITIZEN O   | F WHAT COUNTRY     |
| Station of                                   | perator   | Gasc           | line Static                | on      | MARYI                  | AND                   | )                   |                               |             | USA            |                    |
| 13, FATHER'S NAME                            |   |                |                            |         | 14. MOTHER'S MAI       | DEN N                 | IAME                |                               |             |                |                    |
| CHAPTES                                      | SISK  |                |                            |         | AludDA                 | DE                    | PAKE                |                               |             |                |                    |
| 15. WAS DECEASED EVI                         | R IN U.S. ARMED FO                                  |                | OCIAL SECURITY NO          | 17, 1NI | FORMANT                |                       | 2480000             | Add                           | Iress 🔿     | hamin and      |                    |
| Yes  | WW2   |                | 1 05 6403                  |         | BROTHER:               | ICTS                  | נוחדי               | isk                           | 30          | V Dest         | and,Md.<br>ord St. |
| 18. CAUSE OF DEAT                            | H Enter only one cou                                |                |                            |         | - Helitha              | -177                  | TITTE -             | TOV                           |             |                | AVENTARIO TOTAL    |
| PART I DEAT                                  | H WAS CAUSED BY:                                    |                | DOMADIC COTA               | GD 00   | TO TENDER OF           | mren e                | OVER A COM          | 20                            |             | ONSE           | T AND DEATH        |
| 1  | IMMEDIATE CAUSE (6)                                 | C              | DRONARY_SCL                |         | IS WITH                | THRU                  | TURO2T              | ٥                             |             |                | NECOU              |
| 1420   | DUE TO  |                |                            |         |                        |                       |                     |                               |             | 1              |                    |
| Conditions, if or                            |   | F              | RTERIOSCLE                 | ROTT    | C CARDIO               | VAS(                  | CULAR               | DISEAS                        | S           |                |                    |
| gove rise to immed<br>(o), stoling the u     |   |                |                            |         |                        |                       |                     |                               |             |                |                    |
| couse fost.                                  | {c}   |                |                            |         |                        |                       |                     |                               |             |                |                    |
| FART IL OTH                                  | ER SIGNIFICANT CON                                  | DITIONS CO     | VIRIBUTING TO DEATH        | BUT NO  | T RELATED TO THE       | TERMI                 | NAL DISEAS          | CONDITION                     | GIVEN IN    | N PART 1(0) 11 | P. WAS AUTOPSY     |
| PART II. OTH                                 |   |                |                            |         |                        |                       |                     |                               |             |                | PERFORMED?         |
| £  | SE WAS 20   | b DESCRIBE     | HOW INJURY OCCURR          | ED (En  | ter police of incre    | un Fort               | L Cor Part 11       | of item 18.1                  |             |                | 123 14 140         |
| PRIMARY OF CON<br>CAUSE OF DEATH.            | ITRIBUTING 🗆  |                |                            | (       | an merore as milary    |                       | T DE TON JE         | os riem re j                  |             |                |                    |
| 20c. TIME OF INJUS                           | Y Month, Day, Yea                                   | r 20d IN       | JURY OCCURRED 20e          | PLACI   | OF INJURY (Home        | form                  | 1006 101            | and the second                |             | 16             |                    |
| Hour o. m.                                   | · ·   | While          | Not white                  | factor  | y, street, office bldg | g., efc.              | 1 201. (City        | or rownj                      |             | (County)       | (Stote)            |
|  | 19  | of worl        |                            |         |                        |                       |                     |                               |             |                |                    |
| 21. I certify th                             | of I look charge                                    | of the re      | emoins described           | abov    | e, held an Au          | topsy                 | y [X], tr           | spection                      | 🔽, In       | quiry 🔼        | ond in my          |
| opinion death                                | resulted from: 1                                    | Vatural co     | auxes 🚺 , Accide           | ent 🗌   | ]. Suicide [           | ], H                  | <del>lomicide</del> | . Und                         | etermin     | ed monne       |                    |
|  | 111   | m/ X           |                            |         |                        |                       |                     |                               |             |                | <del></del>        |
| ACTUAL<br>SIGNATURE                          | N.O. 11   | 11-1           | une_                       |         | M.D. CHIEF MEDIC       | CAL EX                | AMINER [            |                               |             |                | DATE SIGNED        |
|  | 1 10 410  | , 7            |                            |         | ASSISTANT A            | MEDICA                | AL EXAMINE          | R ["]                         | 4.          | 110            | 161 1              |
| EXAMINER'S<br>NAME (Type)                    | 1.0/11/   | -4116          | - mo                       | 0       | SET DEPUTY MED         | ICAL E                | XAMINER T           | ]                             | NO          | 77/9           | 1160               |
| 770. BURIAL, CREMATIO<br>REMOVAL (Specify)   | N 225 DATE THEREO                                   | F 2            | IZC. NAME OF CEMETER       | YORC    | REMATORY               | 1                     | 22d. LOCAT          | ON (City, to                  | rn, or cou  | inty)          | (Sinle)            |
| Burial                                       | Nov.22,1  | 960            | Rest Lawn M                | lem.    | Gardens                |                       |                     | Cumber]                       | on d        | MA             |                    |
| 3. FUNERAL DIRECTOR                          |   |                | ADDRESS                    |         |                        | , REC'E               | BY REGIST           | RAR 24b R                     | EGISTRAR    | S SIGNATUR     | E                  |
| Byr  | on Kight  | Cumb           | erland, Md.                |         | DA                     | TENO                  | V 2 2 '6            |                               | 7 11 -      | 0 4            |                    |

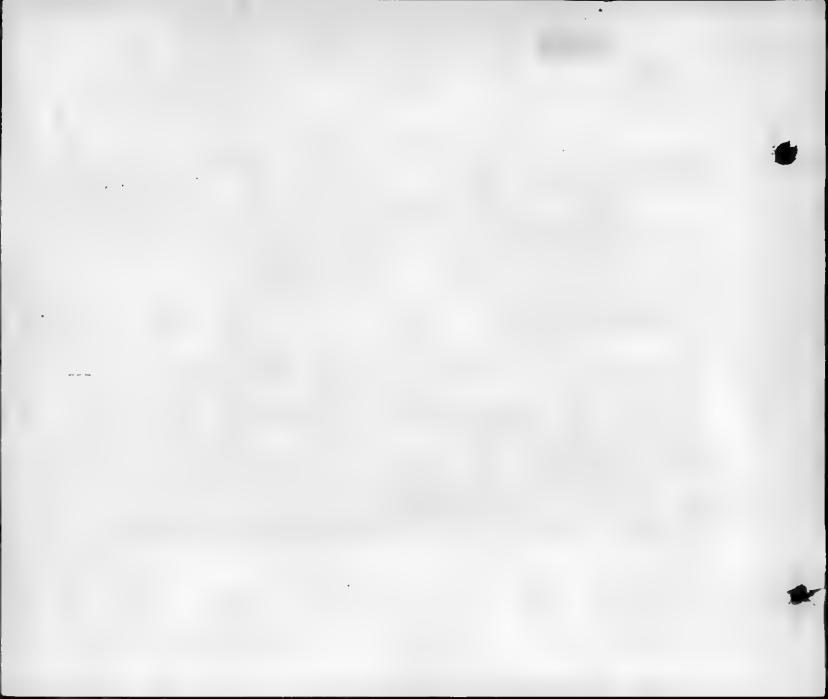
DATENOV 2 2 '60

arling & Knows

TO DEPUT PREDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay, incressary, please execute the certificate, writing the ward "pending" in penal in hem 18. Give Pages 1, 2, and 3 to the ferrit director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baard of Health, or its designated agent, prior to bartial, ar removal, and in partiting 72 hours after death. VS 115ME 5M 2/57

1



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

arthur & thouse

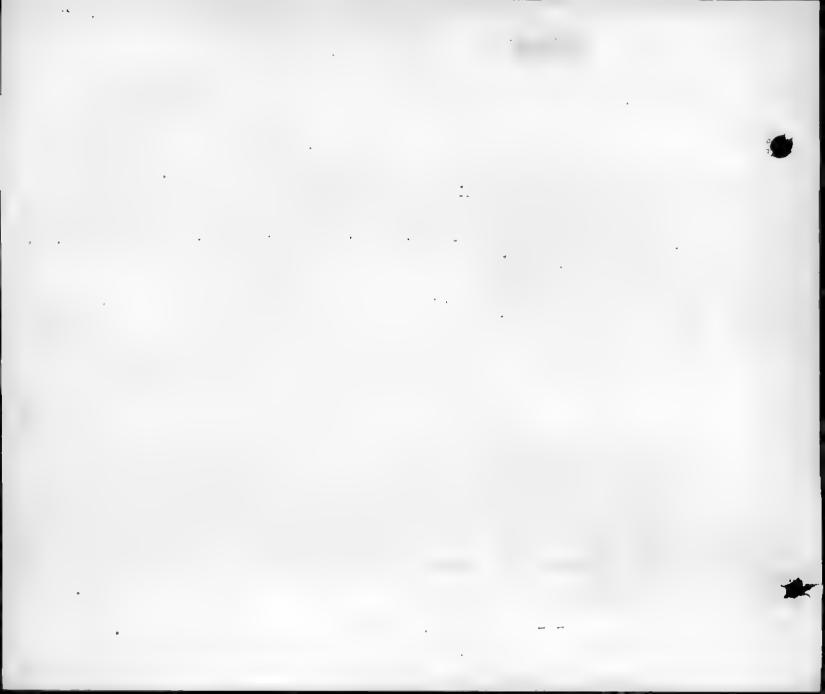
|  | the funeral director,  | should be filed with   | 10  |
|--|--|--|---|
|  | IOR: After this certificate has been signed by the attending physician and completely filled it by the funeral director, | detached for use as the burial-transit permit. Then please remave carban papers. Pages I and 2 should be filled with | Health prior to burial, crematian, ar remaval, and in any event within 72 haurs ofter death |
| y the haspital ar attending physician. | IOR: After this certificate has been signed by   | detached for use as the burial-transit permit.   | Health prior to burial, cremation, or remaval,  |

VR A15 (4) 1SM 9/59

S SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO 8. DATE OF BIRTH MALE 12. 1895 WIDOWED | DIVORCED [7] 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) KELLY-SPGFD. Oiler-Maintenance 13. FATHER'S NAME Dept. 14. MOTHER'S MAIDEN NAME WILLIAM STTTIG MINITE BRODE 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 116 SOCIAL SECURITY NO. 17 INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)-] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20f (City or town) factory, street, affice bldg., etc.) Hour o.m. While Nat while at work at work p m. 21 I certify that (1) (this haspital) attended the deceased fram. saw the deceased alive on 22a. SIGNATURE may be rerained by FUNERAL DIRECTOR page 3 shauld be done he State Board of H ATTENDING MED. STAFF PHYS. MD, 22c PHYSICIAN S 22d. ADDRESS NAME (Type) В. JOHN DAVIS. BROADWAY 23b DATE THEREOF 23a. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY page the St REMOVAL [Specify] 11-3-60 F'BG. MEMORTAL 2 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25o. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE NOV 3

PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) · STATE MARYLAND a. COUNTY b. COUNTY ALLEGANY MARYLAND ALLEGANY b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest town) FROSTRURG d. NAME OF HOSPITAL (If not in hospital, give street address) STREET ADDRESS IS RESIDENCE ON A FARM? MINERS HOSPITAL 133 MAPLE ST. YES NO IN 3. NAME OF 4. DATE First Middle. Lost Month Day Year DECEASED ALBERT STTTTG NOV. DEATH (Type or print) 19 FUNDER 1 YEAR IF UNDER 24 HRS 9 AGE (In years last birthday) Months Days Haurs 65 yrs 12 CITIZEN OF WHAT COUNTRY? U. S. A. Address FROSTBURG. MD. INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES NO 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of item 18.) (County) (Stote) 71 19 60 that # Just last O and that death accurred at 2AM, from the causes and on the date stated above. 22b, DATE SIGNED FROSTBURG. MD. 23d LOCATION (City, fawn, or county) (State)



# MARYLAND STATE DEPARTMENT OF HEALTH

12098 CI

| ٩L | RESEARCH | AND        | RECORDS | - BALTIN | IORE 1, | <b>MARYLANI</b> |
|----|----------|------------|---------|----------|---------|-----------------|
| F  | RTIFIC.  | <b>ATF</b> | OF D    | FATH     |         |                 |

12085

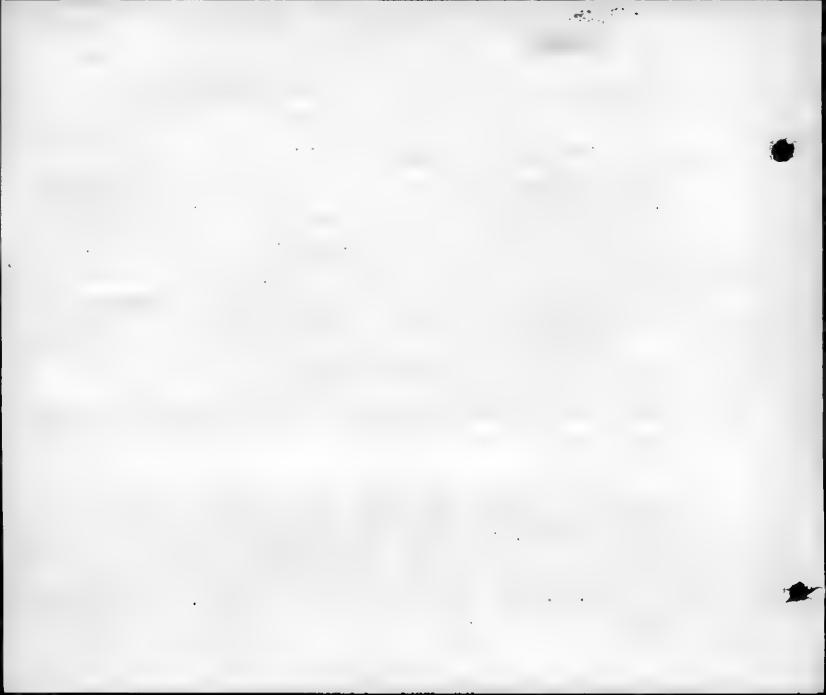
| 1,       | PLACE OF DEATH o. COUNTY          |                                 |                  |                            |          | 2 USUAL RESI       | DENCE (Whe     | ere deceased  | d lived. If institu              |                | ce before or | dmission)               |
|----------|-----------------------------------|---------------------------------|------------------|----------------------------|----------|--------------------|----------------|---------------|----------------------------------|----------------|--------------|-------------------------|
|          |                                   | EGANY                           |                  | MARI                       | LAND     | MARY               | T.AND          |               | b. COUNT                         |                | LEGAN        | Y                       |
|          | b. CITY OR TOWN (IF               | outside corporate limit         | s, write         | c. LENGTH OF STAY          | IN 16    | c. CITY OR         | TOWN (If ou    | utside corpo  | rote limits, write               | RURAL ond g    | ive neatest  | lown)                   |
|          | RURAL ond give ne<br>CUMBERIL     | N 1977                          |                  | 10 day                     | s        | X FL               | INTST          | ONE           | ST'A'                            | R ROUT         | E            |                         |
|          | d. NAME OF HOSPITA                | AL (If not in hospital, g       |                  | oddress)                   |          | d STREET A         | DDRESS         | -             |                                  |                | e. 15        | RESIDENCE<br>IN A FARM? |
|          | SACRED F                          | HEART HOSPI                     | TAL              |                            |          | _/                 |                |               |                                  |                | YE           | S NO []                 |
| 3        | NAME OF<br>DECEASED               | Firs                            | if               | Middle                     |          | las                | st             | 4. DATE<br>OF | Mi                               | onth           | Day          | Yeor                    |
|          | (Type or print)                   | TEM                             | TS_              | THORN                      | LON      | STI                | TH             | DEATH         |                                  | NOAELB         |              | 19.60                   |
| 5.       | SEX                               | 6. COLOR OR RACE                | 7. MARR          | IED NEVER MARRI            | ED 🔲 🛚   | B. DATE OF BIRT    |                |               | 9 AGE (In year<br>lost birthday) |                |              | JNDER 24 HRS            |
| L        | MALE                              | WHITTE                          | WIDOWE           | D DIVORCE                  | D 🗌      | Feb.5,b            | 892            |               | 6 <b>≭</b> 8 yr                  |                |              |                         |
| 100      |                                   | N (Give kind of work o          |                  | KIND OF BUSINESS O         | R INDUS  | TRY 11. BIRTHPI    | ACE (Stote o   | or foreign c  | ountry)                          |                |              | IAT COUNTRY?            |
|          |                                   | FARMER                          |                  | Own farm                   |          |                    | PA.            |               |                                  | U.             | S.A.         |                         |
| 13       | FATHER'S NAME                     | -                               |                  | ··                         |          | 14 MOTHER'S        | MAIDEN N       | AME           |                                  |                |              |                         |
|          |                                   | JAMES                           | SMIT             | H                          |          |                    | 2              | Sarah         | Jay                              |                |              |                         |
| 15       |                                   | IN U. S. ARMED FOR              |                  |                            | 17, IN   | FORMANT            |                |               |                                  | ldress         |              |                         |
| (*)      | NO NO                             | If yes, give war or dates of se | San Plant        | Be 4736                    | -        | SO'! L             | AWRENC         | CE Sm         | ith                              | SATA           | فكستري       | S                       |
| F        | 18. CAUSE OF DEA                  | TH   Enter only one co          | use per lu       | e far (a)/(b), and (c)     | 1        | - 17               | /              |               | /                                |                | INTERVA      | AL PETYZEN              |
|          |                                   | TH WAS CAUSED BY:               | 1 1              | 11/2ma                     | ·        | 2/16               | 70 in          | Chy/h         |                                  |                | ONSET        | THE STATE               |
|          | 4-413                             | DUE TO                          |                  | 1                          |          | 7                  | 1              | 7             | 1                                |                | 0            | TY                      |
|          | Condition it as                   | TO THE STATE OF                 | 61               | Anne us                    | A        | 111 7              | 12.0           | /             | , , /                            | () (           | 15           | aan                     |
|          | Conditions, if or gove rise to in | nmediate                        | 111              |                            | 7        | 1-1/1              | ya             | 7             | A 1.1                            | 1              | -            | Y                       |
|          | lying couse lost.                 | he under-                       | (VA)             | Chu act                    | o all    | a lar              | 100            | Winter        | da //Oc                          | rol My         | 14.0         | - 1480                  |
| z        |                                   | ER SIGNIFICANT CON              | DITIONS          | ONTRIBUTING TO DE          | ATH RUIT | NOT PELATED TO     | THE TERMI      | NAI DISEAS    | E CONDITION G                    | IVEN IN PAR    | T 1(a) 19. V | VAS AUTOPSY             |
| FICATION | 1881 11. 0111                     | ek sionnicani con               | DINOI13 <u>2</u> | ON NO DE                   | <u> </u> | NOT KECKTED IV     | ) ITTE LEARNI  | THE BISENS    | 2 60(40))1014                    | 17614 114 1744 | P            | ERFORMED?               |
|          | 200 ACCIDENT WA                   | S UNDERLYING TO CAUSE OF DEATH  | 20b. DES         | CRIBE HOW INJURY O         | CCURRED  | ), (Enter noture o | of injury in P | ort I or Por  | t II of item 18.)                |                |              |                         |
| CERT     | (IF EITHER, NOTIFY                | MEDICAL EXAMINER)               |                  |                            |          |                    |                |               |                                  |                |              |                         |
| S        | 20c TIME OF INJUR                 | Y Month, Doy, Yes               |                  | JURY OCCURRED              |          | CE OF INJURY       |                |               | or town)                         | {<             | ounty)       | (Stote)                 |
| MEDI     | Hour o.m.                         | 19                              | While<br>of worl | Nat while<br>k □ at work □ | 100      | A                  | e blog., etc.  |               | -7                               |                | ^            |                         |
| _        |                                   | t (I) (this hospital            | 1 attand         | ed the deceased            | from     | ME                 | . 10           | -7 10         | 1 non                            | 10 6           | 20 that      | (I) (we) last           |
|          | saw the deceas                    | lin 1                           | HOW              | 1 ,                        |          | 7 0                |                | DA From       | the causes of                    | ad on the      |              | (-) ( -)                |
|          | 220 SIGNATURE                     | ed dive dia 2.2.                | /-               | 1792.7 7 0110              | i ingi u | edili occorre      | 0 0 62_6       | 441, 110111   | The couses c                     | ind on the     | dule sic     | 22b DATE                |
|          | Con                               | ed 1                            | < IC             | er                         |          | A.D PHUY           | IG ME          | ED RECTOR     | STAFF<br>PHYS-                   | /              |              | SIGNED                  |
|          | 22c. PHYSICIAN'S                  |                                 |                  |                            |          | 22d ADDR           |                | -6            | 11                               | 12.            | 10           | 1                       |
|          | NAME (Type)                       | DR. D                           | AVID             | REES.                      |          | /OY/               | Monl           | 5 Come        | yeng.                            | Clim           | unc          | ~m                      |
| 23.      | BURIAL, CREMATIO                  |                                 |                  | 23c. NAME OF CEM           |          | J                  |                | AND LOCA      | ON (City, town                   | , or county)   |              | (Stote)                 |
|          | Burial Specify)                   | Nov.10,19                       | 160              | Fairview                   | Ceme     | etery              |                | Arte          | emas, Pa                         | •              |              |                         |
| 24       | FUNERAL DIRECTOR                  | SSIGNATURE                      |                  | ADDRESS                    |          |                    |                | D BY REGIS    |                                  | GISTRAR'S SIG  | SNATURE      |                         |
|          | Вуз                               | ron Kight                       | Vu               | mberland,                  | Md.      |                    | DATE N         | 10V 1 4       | .00                              | Civilian .     | a 7 Maill    |                         |



TO HOSPY. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled ""." y the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 hours after death. VR A1S (4) 15M 9/59

| 16933   | T+ems 8 R                 | 1 m 075  | 2-60 et                                  |   |  |  |  |
|---|---------------------------|--|--|---|--|--|--|
| 1. PLACE OF DEATH   |                           |  | ere deceased tived. If institution: Resi | dence before admission)                 |  |  |  |
| o. COUNTY   | MARYLAND                  | o STATE & COUNTY   |  |   |  |  |  |
| ALLEGANY  | T                         | N . 14 1 N   | SYT, VANI A                              | 4.1.                                    |  |  |  |
| b. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town)                                | c LENGTH OF STAY IN 16    | c. CITY OR TOWN (IF o  | outside corporate limits, write RURAL o  | nd give nearest town)                   |  |  |  |
| CINCIPELAND   | 27 dovs                   | Meversdale   | 7 5.                                     | X - 3                                   |  |  |  |
| d NAME OF HOSPITAL (If not in hospital, give street   | address)                  | d. STREET ADDRESS  | 1  | e IS RESIDENCE                          |  |  |  |
| OR INSTITUTION  |                           | 700  |  | ON A FARM?<br>YES NO                    |  |  |  |
| Sacred Heart Hospital   |                           | P.O.Box  | T.                                       | 100 HO                                  |  |  |  |
| 3 NAME OF — First —   | 二角 医 二                    | Last   | 4. DATE Manth                            | Day Yeor                                |  |  |  |
| (Type or print)   | Tillian M                 | ae Smith   | DEATH November.                          | . 72 1960                               |  |  |  |
| S SEX 6. COLOR OR RACE 7. MARE  | RIED NEVER MARRIED        | B DATE OF BIRTH  |  | DER I YEAR IF UNDER 24 HRS              |  |  |  |
|   |                           |  | lost birthdoy   Month                    | hs Days Hours Min.                      |  |  |  |
| Female White Widowi   |                           | y 1  | 65 yn.                                   |   |  |  |  |
| 10a. USUAL OCCUPATION (Give kind of work dane 10b. during most af warking life, even if retired)                | KIND OF BUSINESS OR INDU  | STRY 11. BIRTHPLACE (State   | or foreign country)  12.                 | CITIZEN OF WHAT COUNTRY                 |  |  |  |
| ,   |                           | :Pernsylva   | mia                                      | 77 0                                    |  |  |  |
| 13. FATHER'S NAME   |                           | 14. MOTHER'S MAIDEN N  | VAME                                     | 0.0.                                    |  |  |  |
|   |                           |  | Cathan                                   | - Dearer                                |  |  |  |
| Jacob Lowery D  |                           | 227(T  | ) CAIMARINE                              | LIENEL                                  |  |  |  |
| IS, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. [Yes, no, or unknown]   (If yes, give wer or dates of service) | SOCIAL SECURITY NO 17 II  | NFORMANT   | Address                                  |   |  |  |  |
| (1. 142, 912, 912, 913, 913, 913, 913, 913, 913, 913, 913   | 0                         | William  | days to me                               | yerooleb ROF/                           |  |  |  |
| 18. CAUSE OF DEATH [Enter only one cause per li   | ne for (o) (b) and (c) 1  |  |  | INTERVAL RETWEEN                        |  |  |  |
| PART I. DEATH WAS CAUSED BY:  | •                         |  |  | ONSET AND DEATH                         |  |  |  |
| IMMEDIATE CAUSE (a)   | Myocardial I'             | Carction   |  | 15 min                                  |  |  |  |
| DUE TO  |                           |  |  |   |  |  |  |
| Conditions, if ony, which )   | generalized ar            | et ani anal anasi  | 2  |   |  |  |  |
| gave tite to immediate  | Bauch statement of su     | THE PETER SELECTION OF THE SELECTION OF THE PETER SELECTION OF THE PETER SELECTION OF THE S |  |   |  |  |  |
| cause (a), stating the under.   |                           |  |  |   |  |  |  |
| lying couse last. (c)   |                           |  |  |   |  |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS   | CONTRIBUTING TO DEATH BUT | NOT RELATED TO THE TERMI   | INAL DISEASE CONDITION GIVEN IN          | PART 1(o) 19. WAS AUTOPSY<br>PERFORMED? |  |  |  |
| 17  |                           | 7 11   |  | YES NO                                  |  |  |  |
|   | ripheral Vascu            |  | Port Lor Port II of item 18.)            | X                                       |  |  |  |
| ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH  | CHIEL HOW HOOK! OCCORN    | e. temer notore of miles) in   |  |   |  |  |  |
|   |                           |  |  |   |  |  |  |
|   | NJURY OCCURRED 20a. PL    | ACE OF INJURY IHome, form  | 20f (City or town)                       | (County) (State                         |  |  |  |
| Hour o.m. While   | NOT WITH                  | ctory, streel, office bldg., etc   |  |   |  |  |  |
|   |                           | 2.1.17   | // 2/ //                                 |   |  |  |  |
| 21. I certify that (I) (this hospital) attend   |                           | 2CT  | 60. to NOV. 12 1                         | 9 <i>60</i> ; that (I) (we) las         |  |  |  |
| saw the deceased alive on VOV112  | - 19 60 and that i        | death accurred alo   | M, from the causes and an                | the date stated above                   |  |  |  |
| 22o. SIGNATURE  |                           | /  |  | 22b DATE                                |  |  |  |
| 1 1 1 1   |                           | ATTENDING M  | ED STAFF                                 | SIGNE                                   |  |  |  |
| 22c. PHYSICIAN'S  |                           | M.D. PHYS. [27 DI  | RECTOR PHYS                              |   |  |  |  |
| NAME (Type)   |                           | 124. ADDRESS   |  |   |  |  |  |
| Dr. Wm. Tames   |                           | M-Edd  | Centre-StCumber                          | land                                    |  |  |  |
| 23d. BURIAL, CREMATION, 23b. DATE THEREOF   | 23c. NAME OF CEMETERY C   |  | 23d LOCATION (City, town, or coun        |   |  |  |  |
| 13.1 PIAL IVAN 16 19/20   | LINION CE                 | ucTeru   | MENERSONI                                | r PA                                    |  |  |  |
| 2011/15 11.00 1-,1/00   | ADDRESS                   | 751 57   | D RY REGISTRAR 25b. REGISTRAR'S          |   |  |  |  |
| 24 FUNERAL DIRECTOR'S SIGNATURE   | 735 B                     |  | 1011 4 0 100                             |   |  |  |  |
| VITALEL   | MEYE                      | R'S DALE MATE N  | 10V 1 8 '60   Carthu                     | 1 S. Kine                               |  |  |  |



12087

12100

**CERTIFICATE OF DEATH** 

| ľ  | 1. PLACE OF DEATH o. COUNTY  |                       |                         | 2,        | USUAL RESIDENCE (V      | Where decease   |                        |                      | efore admissio  | n)             |
|----|--|-----------------------|-------------------------|-----------|-------------------------|-----------------|------------------------|----------------------|-----------------|----------------|
| 1  | Allegany   |                       | MARYLA                  | ND        | l'arv                   | land            | b. COUNTY              | . 7 7                | cgany           |                |
|    | b. CITY OR TOWN (If outside corpore RURAL and give nearest town)   | ote limits, write c   | LENGTH OF STAY IN       | 1Ь        | c. CITY OR TOWN (I      | f outside corpo | orote limits, write f  |                      |                 |                |
| l  | Cumberlar  | nd                    |                         |           | Dumber .                | land            |                        |                      |                 |                |
|    | d. NAME OF HOSPITAL (If not in hos<br>OR INSTITUTION   | pital, give street ad | dress)                  |           | STREET ADDRESS          |                 |                        |                      | e. IS RESID     | PENCE<br>FARM? |
|    |  | art Hospi             | tal                     |           | 135 Per                 | ans :lv:        | nia aven               | ue                   | YES [           |                |
| 7  | 3 NAME OF<br>DECEASED  | First                 | Middle                  |           | Lost                    | 4. DATE         | Moi                    | ath                  | Doy Ye          | BOF            |
|    | (Type or print)  | Powhatar              | ı Jeffe                 | rson      | Chellin                 | 50000           | 1 77                   |                      | 23 15           | 9/             |
|    | 5. SEX   6. COLOR OR   | RACE 7. MARRIEL       | NEVER MARRIED           | B D       | ATE OF BIRTH            |                 | 9. AGE (In years       |                      |                 | 1 2000         |
|    | Tale Thit  | e WIDOWED             | DIVORCED [              | <u> </u>  | -17-1 139               |                 | lost birthdoy) 71 yrs. | Months Day           | rs Hours        | Min,           |
|    | 10a. USUAL OCCUPATION (Give kind of during most of working life, even if   | work done 10b. KI     | ND OF BUSINESS OR I     | INDUSTRY  | 11. BIRTHPLACE (Sio     | te or foreign   | country)               | 12. CITIZEN          | OF WHAT CO      | UNTRY?         |
|    | Retired Car  |                       | lroad                   |           | Virginia                | a Fred          | dericksh               | purgUSA              | i.              |                |
| 1  | 13. FATHER'S NAME  |                       |                         | 14        | . MOTHER'S MAIDEN       |                 |                        |                      | -               |                |
| 1  | Powhata  | an Snellin            | ng                      |           | Sarah Wa                | alker           |                        |                      |                 |                |
| 才  | 15 WAS DECEASED EVER IN U. S. ARM  |                       | CIAL SECURITY NO        | 17 INFOR  | MANT                    |                 | Add                    | lress                |                 |                |
|    | [Yes, no, or unknown] (If ym, give wor or IVES   | ferm of service) 705  | 5-05-8568               |           | Patient                 | tis Cha         | rt                     |                      |                 |                |
| ľ  | 18. CAUSE OF DEATH [Enter only   | one couse per line    | for (a), (b), and (c).] |           |                         |                 |                        |                      | NTERVAL BETY    |                |
|    | PART I. DEATH WAS CAUSE  | D BY:                 | Christerias             | - Ga      | 00000                   | Luca            | made                   |                      | ONSET AND DEATH |                |
|    |  | DUE TO                |                         |           | /                       |                 |                        |                      |                 |                |
|    | Conditions, if ony, which  |                       |                         |           |                         |                 |                        |                      |                 |                |
|    | gove rise to immediate   | (b)<br>DUE TO         |                         |           |                         |                 | · · ·                  |                      |                 |                |
|    | couse (o), stoting the <u>under-</u> (   |                       |                         |           |                         |                 |                        |                      |                 |                |
| -1 |  | (c)                   | NTRIBUTING TO DEATH     | H RUT NOT | PELATED TO THE TER      | MINIAI DISEAS   | SE CONDITION OF        | VEN IN PART 1/a      | o 10 WAS AT     | LITOPSY        |
|    | PART II. OTHER SIGNIFICAN  20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING  CAUSE OF URLEY OF THE PROPERTY OF THE | ii conomons <u>co</u> | MIKIBOTINO TO DEAT      | I BOI NOI | KEDATED TO THE TEK      | MITAL DISEA     | 3. (014011-014-01      | A CIA II A E WKI 1/C | PERFOR          | MED3           |
|    | E 20g. ACCIDENT WAS UNDERLYING   | 20b DESCR             | IBE HOW INJURY OCC      | URRED. (E | nter noture of injury i | n Port I or Po  | rt II of item 18 )     |                      |                 |                |
|    |  | DEATH                 |                         | ,         |                         |                 |                        |                      |                 |                |
|    | 20c. TIME OF INJURY Month, De Hour o. m.   | by, Year 20d INJ      | URY OCCURRED 20         |           | OF INJURY [Home, fa     |                 | y or town)             | (Cour                | ity)            | (Stote)        |
|    | Hour o.m.  | 19 While of work      | Not while               | lactory,  | street, office bldg., e | efc.)           |                        |                      |                 |                |
|    |  |                       |                         | ,         | 11,2                    | (               | 11/23                  | /                    | .1              |                |
|    | 21 I certify that (I) (this ha   | 1.7. 3                | 4                       |           |                         | 10 La . 1a      |                        |                      | that (I) (w     |                |
|    | saw the deceased alive an  | 1//20                 | 19 00 , and th          | nat deat  | h accurred at/2         | (SM, fram       | the causes ar          | nd an the de         | ate stated      | abave.         |
|    | 220 SIGNATURE  | Sen                   | Ser.                    | M.D.      | ATTENDING PHYS          | MED<br>DIRECTOR | STAFF<br>PHYS          |                      |                 | DATE<br>9IGNED |
|    | 22c PHYSICIAN'S  | 110                   | 9                       |           | 22d. ADDRESS            |                 | _                      |                      | 11              |                |
|    | NAME (Type) Dr. L.   | Ley                   |                         |           | 42 N.C                  | Pantre          | _ 24,                  |                      |                 |                |
| -  | 23a BURIAL, CREMAT ON, 23b. DATE   | THEREOF               | 23c, NAME OF CEMETE     | ERY OR CR | EMATORY                 | 23d LOCA        | ATION (City town,      | or county)           | (Stote)         | )              |
|    | REMOVA, (Specify)  |                       | Cedar Hil               | l Cr      | ematory                 |                 | hington                | , .                  |                 |                |
|    | 24. FUNERAL DIRECTOR'S SIGNATURE   | 1                     | ADDRESS & Ach           | rlin      | 44 11                   |                 | man lace acc           | CTDAP'S SIGNA        | TURE            |                |
|    | James F. Scar  | relli C               | umberland               | , Id      | DATE                    | 11.5 B 2.10     |                        | litting &            | Since           |                |

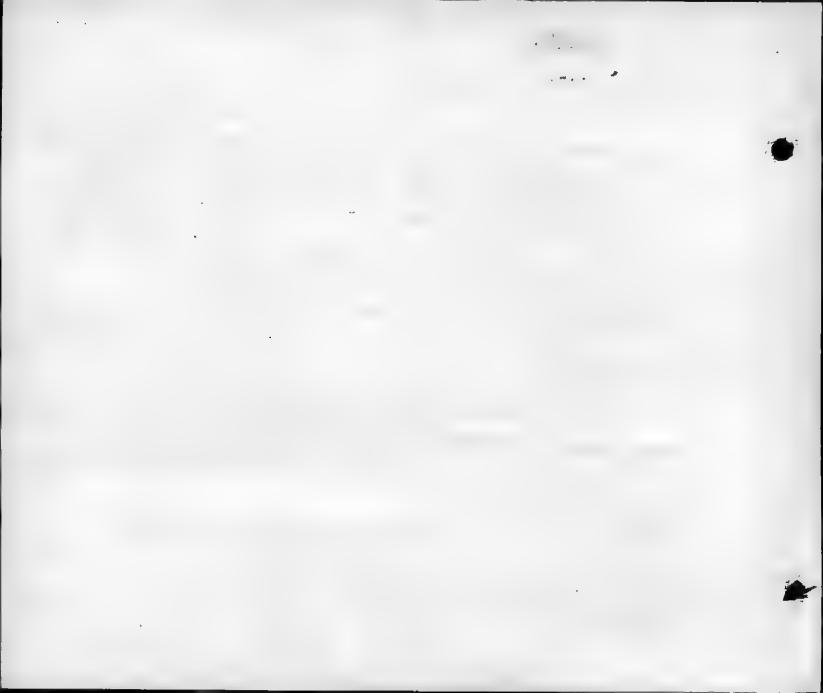
ashes buried in Arlington National Cem.

Joffer death, Page 4

the attending physician and completely filled in y the funeral director. Then please remove carbon papers. Pages 1 and 2 should be sifed with TO HOSPICACE ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 has be relatived by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death.

VR A15 (4) 15M 9/59



**ADDRESS** 

Cumberland

Red. Dist. No.

Months

12488

e. 15 RESIDENCE

ON A FAPM? YES NO TO

Year

19

IF UNDER I YEAR IF UNDER 24 HRS

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (Stote)

DATE SIGNED

12 CITIZEN OF WHAT COUNTRY?

Days

(County)

246 REGISTRAR'S SIGNATURE

240 REC'D BY REGISTRAR

DATE NOV 2 3 '60

Charles L. George



after death: Page 4

22 ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hay

TO HOSPIT

VS A15 (4) 15M 10/57

| 404 | MARYLAND | STATE DEPARTMENT | OF HEALTH—BALTIMORE, | 18 |
|-----|----------|------------------|----------------------|----|
| 121 | 112      | CEDTIEICATE      | OF DEATH             |    |

**CERTIFICATE OF DEATH** 

12089 Reg. Dist. No.

|   | 1. PLACE OF DEATH   |                                    | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  |  |  |  |  |
|---|---|------------------------------------|--|--|--|--|--|
| 1   | o. COUNTY Allegany  | MARYLAND                           | Maryland b. COUNTY Allegany  |  |  |  |  |
| Ì   | b. CITY OR TOWN (If outside corporate limits, write fural and give nearest town)  Cumberland,   | LENGTH OF STAY IN 16               | c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  Cumberland.   |  |  |  |  |
|   | d NAME OF HOSPITAL (If not in haspitol, give street odds of institution 112 Greene St.  | cer)                               | d. STREET ADDRESS  112 Greene St.,  VES NO PA  |  |  |  |  |
|   | 3. NAME OF DECEASED (Type or print) ALICE   | Middle ELLEN S                     | STANIFORTH OF November 24, 1960  |  |  |  |  |
|   | 5. SEX   6. COLOR OR RACE   7. MARRIED   White   WIDOWED  |                                    | Aug. 12, 1878  P AGE (In years of FUNDER 1 YEAR OF UNDER 24 HRS of Derindoy)  Months Days Haurs Min  |  |  |  |  |
|   | 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Retired Clergy Mi   | D OF BUSINESS OR INDUSTI<br>nistry | TRY 11 BIRTHPLACE (State or foreign country) Yorkshire, England U. S. A.   |  |  |  |  |
|   | 13. FATHER'S NAME Joseph Williams   |                                    | 14. MOTHER'S MAIDEN NAME<br>Elizabeth Nightingale  |  |  |  |  |
|   | IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOC (Yes, no or unknown) [It yes, give wor or dates of service] NO   |                                    | Address Cumberland, M<br>S. Sadie E. Triplett 112 Greene St.,  |  |  |  |  |
|   | PART I. DEATH Enter only one cause per the for part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to immediate cause (a), stating the under lying cause last.  Part II OTHER SIGNIFICANT CONDITIONS CONTINUES. | rowary                             | INTERVAL BETWEEN ONSET AND DEATH |  |  |  |  |
|   | OR CONTRIBUTING CAUSE OF DEATH  | RY OCCURRED 20e PLAC               | (Enter nature of injury in Part I or Part II of item 18.)  CCE OF INJURY (Home, form, 120f (City or tawn) (County) (Slote) tary, street, affice bldg., etc.)   |  |  |  |  |
| 21. I certify that I attended the deceased from 12 12, 19 1, to 12 19 20 that I last saw the alive an 12 2 47, 19 60, and that death accurred at 8:45 AM, from the causes and on the date stone ADDRESS (Street, city or town, state)  ACTUAL SIGNATURE 122 So. Centre St., |   |                                    |  |  |  |  |  |
|   | 220 BURIAL, CREMATION, 22b. DATE THEREOF 22 REMOVAL (Specify)   | R. NAME OF CEMETERY OR O           | , , , , , , , , , , , , , , , , , , ,  |  |  |  |  |
|   | 23. FUNERAL DIRECTOR'S SIGNATURE  | ADDRESS                            | Md. 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  OATE  24b. REGISTRAR'S SIGNATURE  OATLANT &  |  |  |  |  |



Lonaconing,

DATE NOV 2 2 '60

arthur & Kroug

mayines that the death cilificate be executed within gup pou CGL physician remave attending please permit. been signed attending physician. as the burial-transit certificate detached far TO FUNERAL DIRECTOR: 8 8 3 shauld

director, with the

filed

the funeral shauld be fa

. 0

ages

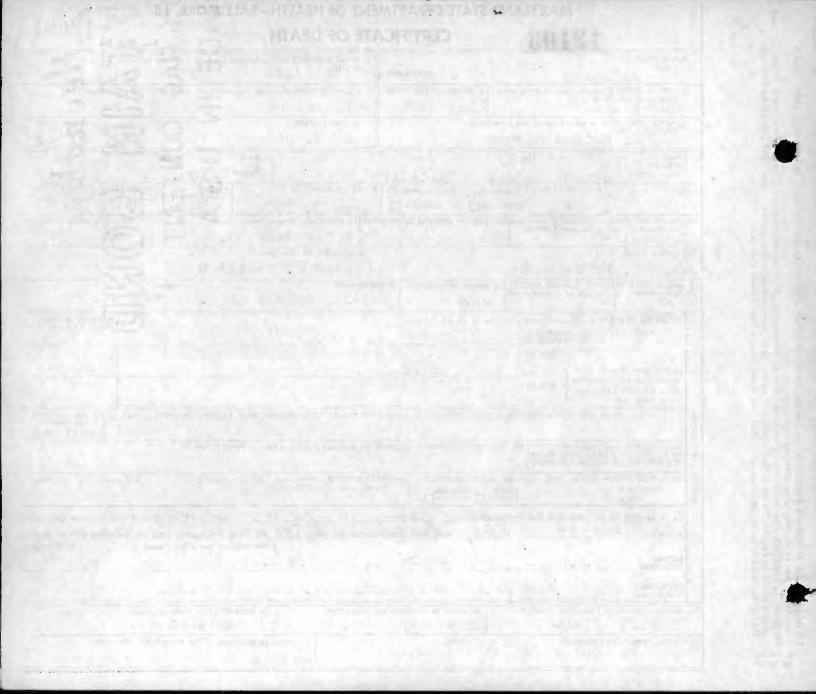
campletely filled

after death. Page

VR A15 (4) 15M 9/59

George Eichhorn





| d 2 should be filed with | M   |
|--------------------------|-----|
| pe l                     | 0   |
| should                   |     |
| d 2                      | 083 |

rs ofter death. Page 4

LOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haursterained by the hospital or attending physician.

AL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled thould be detached far use as the buriol-transit permit. Then please remove corban papers. Pages 1 and Board of Health priar to buriol, cremation, or removal, and in any event, within 72 hours after death.

| HOSPI<br>ay be ri<br>FUNER<br>age 3 sh<br>e State |   |
|---|---|
| TO HO   |   |
| VR A15 (4)<br>15M 9/59                            | 7 |

| 1.      | PLACE OF DEATH O. COUNTY EGANY  |                         | MARYLAND   | 2. USUAL RESIDE       | MCE (WHARYI |                        | l lived. If instituti<br>b. COUNTY         |             |        | GANY            | ion)               |
|---------|---|-------------------------|--|-----------------------|-------------|------------------------|--|-------------|--------|-----------------|--------------------|
|         | b. CITY OR TOWN (If outside carporate limits<br>RURAL and give negrest town)                          | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  CUMBERLAND |                       |             |                        |  |             |        |                 |                    |
|         | d. NAME OF HOSPITAL (If not in hospital, gi<br>OR INSTITUTION<br>SACRED HEART HOSPIT.                 | d. STREET ADD           |  | TULLEN                | HIGHWAY     |                        |  |             | FARM?  |                 |                    |
| 3.      | NAME OF First DECEASED (Type or print) RUT  |                         | Middle V,  | STUMP                 |             | 4. DATE<br>OF<br>DEATH | NOVE                                       | PBER        | De 9   | ,               | Yeor<br>19 6       |
|         | FEMALE WHITE  | WIDOWI                  | _  |                       | 5, 19       | 935                    | 9. AGE (In years<br>loss pirthday)<br>yrs. |             | Days   | Hours           | ER 24 HRS.<br>Min. |
| 10      | DUSUAL OCCUPATION (Give kind of work diduring most of working life, even if retired) HOUSEWIFE &CLERK | one 10b.                |  | Statione              |             | or foreign co          | Canada                                     |             |        | SA              | OUNTRY?            |
| 13      | FATHER'S NAME   |                         |  | 14. MOTHER'S M        | AIDEN N     | AME                    |  |             |        |                 |                    |
|         | WILLIAM CLINGAN (   | DECE                    | ASED)  | CI.AR.                | A K         | lline                  |  |             |        |                 |                    |
|         | WAS DECEASED EVER IN U. S. ARMED FORCES, no. or unknown) ; (If yes, give war or detec of ter          |                         |  | NFORMANT              |             |                        | Add  | ress        |        |                 |                    |
|         | No  | 2                       | 34-54-4380 F   | ATTENTS C             | HART        |                        |  |             |        |                 |                    |
|         | 18. CAUSE OF DEATH [Enter only one cou  | se per li               | ne for (a), (b), and (c).  |                       |             |                        |  |             | INT    | ERVAL BE        | TWEEN              |
|         | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o).   | Di.                     | abetic Coma  |                       |             |                        |  |             |        | SET AND         |                    |
| н       | DUE TO  |                         |  |                       |             |                        |  |             |        |                 |                    |
| П       | Conditions if any which   | Dia                     | abetes mellitu   | s 12 ye               |             |                        |  |             |        | year            | rs                 |
|         | gave rise to immediate  |                         |  |                       |             |                        |  |             | -      |                 |                    |
|         | lying cause lets  |                         |  |                       |             |                        |  |             |        |                 |                    |
| Z       | PART II. OTHER SIGNIFICANT COND   | ITIONS (                | ONTRIBUTING TO DEATH BUT   | NOT PELATED TO T      | HE TERMI    | NAI DISEASI            | E CONDITION OF                             | /FN IN PART | 1(0)   | O WAS           | ALITOPSY           |
| ATIC    |   |                         |  |                       |             |                        | / (  | - 4         | 1103   | PERFO           | RMED?              |
| IFIC    | Gangrene, right foot  | Ob DES                  | CRIBE HOW INJURY OCCURRE   | D (Fater nature of i  | regita      | aricy                  | II of item IR )                            | U ·         | 2      | 163             | NO                 |
| CERTIF  | 20g. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)      | .00, 023                | CRIDE TIOTY INSIGN OCCORNI   | .D. ţemei nuitie oi i | njory mr e  | 0111011011             | in or near rea                             |             |        |                 |                    |
| MEDICAL | 20c. TIME OF INJURY Month, Day, Year<br>Hour a, m.  | 20d. If                 |  | ACE OF INJURY (Ho     | me, form,   | 20f. (City             | or town)                                   | (C          | ounty) |                 | (Stote)            |
| ME      | p. m. 19  | at wor                  |  | ,                     |             |                        |  |             |        |                 |                    |
|         | 21. I certify that (I) (this haspital)  | aftend                  | led the deceased fram.   | 11 - 5                | . 19        | 6 . 10                 | 11 = 9                                     | . 196n      | o . th | ot (1) (        | we) los            |
|         | sow the deceased olive on 11.   |                         |  |                       |             |                        |  |             |        |                 |                    |
|         | 22o. SIGNATURE  | 0                       |  | ATTENDING             | MÉ          | A.M.                   |  | 011 1110    | 0010   |                 | b. DATE<br>SIGNED  |
|         | Calle lo. 18  | talle                   | 49   | M.D. PHYS.            | DII         | RECTOR [               | STAFF<br>PHYS.                             |             |        |                 |                    |
|         | RALPH W.BALLIN, M   | .D.                     |  | 22d. ADDRESS          |             | NE ST.                 | , IMBERI                                   | AND,M       | D. ;   | 11-9-           | 60                 |
| 23      | BURIAL, CREMATION, 23b. DATE THEREOF  |                         | 23c. NAME OF CEMETERY C  |                       |             | 23d. LOCAT             | ION (City, town,                           | or county)  |        | (Stot           | e)                 |
|         | Burial II-I2-60   | 0                       | Hillcrest B  | urial Pa              | rk          | Cumb                   | erland,                                    | Md.         |        |                 |                    |
| 24      | funeral director's signature  James F. Scarpell:  | i Cu                    | ADDRESS<br>imberland.Md  | 1                     |             | BY REGIST              |  | STRAR'S SIG |        |                 |                    |
|         |   |                         | ,  | r                     | ATE FILL    | IV I P                 | 10   | MATHER A.   | 1 1000 | Married Control |                    |

made to etc. With the

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